DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | FOR STATE REGISTRAR | | | DEPARTN | | EALTH AND | MENTAL HYG DEATH | IENE | 79 REG. N | -01 | 903 | | |
|---|---------------|--|--|--|---|----------------------------|--------------------|---------------------------------|-----------------|---|------------------|--|----------------------------------|----------|
| | | CEASED NAME GE | FIRST | ر ا | MIDDLE | Ä | dam | | 20. DATE | OF DEATH | an. | 24 1979 | 26 HOUR | O A M |
| | 3 SEX | Male | U | 4 RACE Whi | | 5. DATE C | DAY | 1894 | 84 | IN YEARS LAST BIRT | YRS | F UNDER I YEAR | HOURS | MIN. |
| 1 | 9 | RTHPLACE (STATE OR FOR DUNTRY) Yugoslavia | | U.S.A | | WIDOWE | D [] | MARRIED | | MORE CITY O | Mon | tgomery | | MD. |
| 1 | Ta | TY OR TOWN OF DEAT | | Wash. | HOSPITAL, NURSIN HEACILITY, GIVE STREET / Adventist | Hosp | | STITUTION | LIVE OF | ALOCCUPATI WORK FOR MOST O iter (Re | E WORKING I | FFI INDUSTRY | OF BUSINES | SSOR |
| 5 | Mai | - | Prin | other institution. | Hyattsvi | ٧. | YES 🔀 | CITY LIMITS? | 6620 | D 23rd | Ave., | | , | |
| 4 | | THER'S NAME Vasilios | 3 | AIDDLE | Adam | | F | rs maiden nam First Ielen | | WIDDLE | | Unobtai | nable | 3 |
| 1 | | /AS DECEASED EVER II es, no or unknown) NO | | WED FORCES? WAR OR DATES) | 166 SOCIAL SECU 166-01-7 | | Mrs. M | iary Ada | | | ille. | Md. 20 | | |
| 9 | CERTIFICATION | Conditions, if ony, gove rise to imm cause (a), stoting underlying couse PART 2. OTHER SIGN TABLE 190 DATE OF OPERATI | which ediate the last | DBY, E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO | R AS A CONSEQUE | NCE OF NCE OF NCE OF | N WAS PERI | DORMED / | ANAL DISI | A-frase or don Lutopsy? NO | DITION GI | S, WERE FINDS | NGS USED | |
| | MEDICAL CER | 21g, ACCIDENT WAS UNDE OR CONTRIBUTING CHEETHER, NOTIFY MEDICAL 21d. IN JURY OCCURRI WHILE NOTIFY AT WORK NOT WHAT AT WORK NO | AUSE OF DEA LEXAMINER) ED ILE (this hospi | P. 21e. PLACE (AT HOME, STE | M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F | 19 ARM, ETC.) 29 or | 211 LOCAT STREE | , 19 <i>7&</i> | death acc | CITY OR TOV | vn Ote and ha | COUNTY , 19 79 ur and from the | sta that (I) (w causes sta | ve) last |
| 1 | | A Mal 220 PHYSICIAN'S NAI | ME (TYPEO | And And | reins | m | 22e ADDRE | | MEDIC DIRECT | OR PHYSIC | | Koma f | 4/7) 200 K | md |
| | (| urial, CREMATION, R RECIPY) | | 23b. DATE 1/26/ | 79 Fo | rt Li | ncoln | Crematory Cremato | ryBr | | | n. Geo | | - |
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FOR - STATE

e notified at once.

er this certificate has been signed by the offending physician and completely the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 sh and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, the medical exami

MPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01904

| REGISTRAR | | | | CENTIII | ICAIL OI DEATH | | REG. NO. | | |
|---|-------------------------------|---------------------------------|---|-------------|---------------------------------------|---|----------------------|---------------------|-----------------|
| I. DECEASED NAME | FIRST | | MIODIE | t | AST | 20. DATE OF DE | | | 2b. HOUR |
| (TYPE OR PRINT) | Jack | N | N | Alte | r | | ary 16, | | 1:05P |
| 3 SEX | | 4 RACE | | 5. DATE C | | 6. AGE (IN YEARS | LAST BIRTHOAY) | MONTHS DAYS | |
| Male | | Whit | e | 12/ | 12/1895 YEAR | 83 | Y | RS. | HOURS |
| TO BIRTHPLACE (STATE | E OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE | CITY OR COU | JNTY OF DEATH | |
| Poland | * | U.S.A | ١. | WIDOWE | | Mont | gomery | | |
| Rockville | | | HOSPITAL, NURSIN HEACILITY, GIVE STREET A Cove Land | | OR OTHER INSTITUTION | 120 USUAL OC (TYPE OF WORK FO Retir | R MOST OF WORK | INDUSTRY | Mercha |
| USUAL RESIDENCE (130. STATE Maryland | 136 COU | other institution of the gomery | GIVE RESIDENCE BEFORE 131. CITY OR TOWN Rockvill | N | 13d INSIDE CITY LIMITS? | 130 STREET AD | DRESS Cove | Lane | |
| 1. FATHER'S NAME David Al | ter | WIDOLE | LAST | | 15 MOTHER'S MAIDEN NA | | MIDOLE | Bernste | i'n |
| WAS DECEASED LYES, NO OR UNKNOWN | | MED FORCES? E WAR OR DATES! | 082 03 6 | | Norman Alter | 168 Bar Scarsda | | w York 10 | 583 |
| 18 CAUSE OF | DEATH (Enter a) | nly one cause per | line lar (a), (b), one | dicti | | | , | APPRO | XIMATE INTERVAL |
| Z A | SIGNIFICANT | CONDITIONS CO | tate. | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE C | SY? 20b. 1 | IF YES, WERE FIND | INGS USED |
| TEIC | | | | | DERATION WAS TENTONINED | | 10X | ERTIFYING CAUSE YES | S OF DEATH? |
| OR CONTRACTOR | AS UNDERLYING [G CAUSE OF DE | ATH HOUR A. | DE INJURY M. MONTH DA | YEAR | 21c. HOW INJURY OCCUR | | | | |
| AI WORK | NOT WHILE AT WORK | | REET, FACTORY, OFFICE, F | ARM, ETC.] | 211. LOCATION STREET | CI | ITY OR TOWN | COUNTY | STATE |
| saw the d | we) (did) did no | of view the body | olter deoth. | 29 ,01 | nd that in (my) (our) opinion | death occurred o | on the date one | | |
| Bem | and a. | Hecken | | 1.0. | | MEDICAL DIRECTOR [| STAFF PHYSICIAN [| | 6/79 |
| | ed A. A | PECKMA | N, M.D. | | 8830 Campy | on ST. | Silver | Sprine | MD |
| 230 BURIAL, CREMAT | | 23b. DATE 1/17% | | | emetery or Crematory ster Hills Ce | 23d LOCATION CHY OR TO Hastin | OWN | the Hudso | on, N. |
| Tyson Whe | or eler Fur | eral Ho | me, Tre. | Rock | | | SISTRAR 256, RE | EGISTRAR'S SIGNA | TURE |

DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

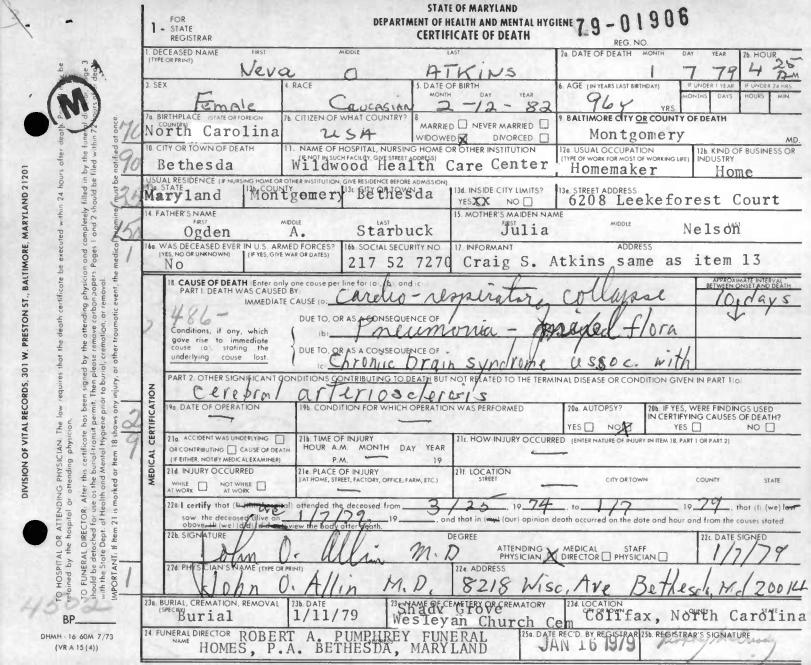
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| | Item #5 Film G52 | 29 3/14/79 rc STAT | E OF MARYLAND | | |
|--|---|--|--------------------------------------|---|--|
| W > | FOR - STATE REGISTRAR | | FICATE OF DEATH | 7.9-0 | 1905 |
| y be | 1. DECEASED NAME FIRST (TYPE OR PRINT) BARBARI | a I a | 000000 | 0. DATE OF DEATH MONT | -31-79 715 M |
| rector, po | female | white 75 | 19 39 | AGE (IN YEARS LAST BIRTHDAY) | YRS. DAYS HOURS MIN. |
| where I die Propose Reach. Po | country) entucky | U S A WIDOW | ED DIVORCED DIVORCED | MONT G | DOMERY MD. |
| hours after in by the filbe filed with | SILVERSPRING | 1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY CROSS | (| 20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Administrativ Clerk | RKING LIFE) 176. KIND OF BUSINESS OR INDUSTRY TELEPHONE CO |
| AND 21 | Md Pro Ge | ther institution, the residence before admission of the corres of the corresponding to | YES NO | 3e. STREET ADDRESS | 19th ave |
| ompletel 1 and 2 s | James G Gabl | | | nnie Newto | on LAST |
| be exected on and consistence or second cons | 160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W | | Gary Anderson | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| S, 201 W. PRESTON ST., By uires that the death certifical igned by the attending phys an please remove carbon pop burial, cremation, ar remove ury, or attended by, or other traumatic event, | PART I. DEATH WAS CAUSED IMMEDIATE Canditians, if any, which gave rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CO | 6 ALA 64 | T NOT RELATED TO THE TERMIN | | 34cc |
| he low requi on. has been sig 1 permit. Ther ene prior to the | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 198 CONDITION FOR WHICH OPERATIO | ON WAS PERFORMED | | LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO |
| SICIAN: I ng physici certificate ririol-transis ental Hyggittem 18 sh | OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER) | P.M. 19 | | D (ENTER MATURE OF INJURY IN F | TEM 18, PART 1 OR PART 2] |
| DIVISION OF ING PHYSICIA r aftending pl wher this certif os the buriolat ith and mental arked as them | AT WORK AT WORK | 71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDI ospital or ECTOR: A cid for use it. of Heal | 220.1 certify that (1) (this haspito saw the deceased olive ac- obove, (1) (we) (did not) 27b. SIGNATURE | | nd that in (my) (aur) apinian de | oth accurred an the date a | nd haur and fram the causes stated 22c, DATE SIGNED |
| by the h by the h ERAL DIR e detoche State Dep | 170. SIGNATURE | £2-1 m.5 | ATTENDING PHYSICIAN | MEDICAL STAFF BIRECTOR PHYSICIAN | 113169 |
| TO HOSPITA retained by TO FUNERA should be de with the Stat | EDU | +2 H- LEVIN | | | Silver Springe M |
| 59803 | 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | cemetery of crematory ncoln Cemetery | | Pro Georges Md. |
| DHMH-16 50M7/77 (VR A 15 (4)) | 24. FUNERAL DIRECTOR Son | s P A Hyattsville | , Md. FEB | REC'D. BY REGISTRAR 24. | REGISTRADI SUCCIATURE |

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STATE OF MARYLAND

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VOIDED #01908 FEBRUARY, 1979 DEATH
SEE BERNARD BAILES, MONT. 2/1/79



Hines/Rinaldi F.H.11800 N.H. Ave. Silver Spring, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VRA 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

LAST

IF UNDER I YEAR

INDUSTRY

COUNTY

250. Date ALC'D BORECES POR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

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Burial 1/14, 1979 Mt. Olivet Conecerv Mash. D. C. Himos/Rinotals P. H. 11800 H. H. Ave. Silver Sprins. Md.

Seruch Kimble

J. Will. Lee's Sons Co. 300-4th NE, Wash. 2002

Joseph

FOR

REGISTRAR 1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78 - STATE

(TYPE OF PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST Barone

2n DATE OF DEATH

MONTH

YRS

26 HOUR

HOURS.

126 KIND OF BUSINESS OR

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20b. IF YES, WERE FINDINGS USED

COUNTY

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

22c DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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79-01910

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) Stephen Bartkus 79 DEATH MATED SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 71 YRS Caucasian 5/29/07 Male 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORÉCITY OR COUNTY OF DEATH MARRIED X KNEVER MARRIED Montgomery U.S.A. Massachusetts DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 176. KIND OF BUSINESS MOTE TOURNE TY 12 USUAL OCCUPATION TYPEOF WORK Bethesda " NO Suburbant Hospital helper County BE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 7311 University Avenue 136 COUNTY YES NO ... Maryland Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Anthony MIDDLE Bartkus Sersevicuite Neva 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1927-1954 182-22-8901 Alberta M. Bartkus, same as #13 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY more DUE TO, OR AS A CONSEQUENCE O Cardie 105 culer - Disesse Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF DEPARTMENT OF YES [NO CA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YEAR 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection X Autopsy PAGE 4 SHOULD BE FOR and in my opinion Notural couses death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) TER DEATH, SIGNED. _MEDICAL EXAMINER 7936 Old Georgetown Road EXAMINER'S NAME John G. Ball. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arlington, Virginia Burial Arlington Nat'l. Cem. 24 FUNESA DIRECTOR A. Pumphreyess Funeral Homes; P. A. DATARE DIBY, REGISTRAR'S SIGNATURE DHMH - 17 VR A15 ME (5) 7557 Wisconsin Avenue, Bethesda, MD 30M 7/73

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ner must be notified at once.

injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

morked or Item 18 shows ony

IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN. The

retained by the haspital or

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01912

| 12 | | REGISTRAR | | | | REG, NO | D. | |
|----|---------------|---|-------------------------------------|--|--------------------------------|--|---|-----------------------------------|
| | | CEASED NAME FIRST OR PRINT) MARON | 1 0 | melia | 2n vton | 20. DATE OF DEATH | MONTH DAY YEAR | 7 5 35 |
| а | 3. SE> | × · · · · · · · · · · · · · · · · · · · | 4 RACE | 5 DATE C | | 6. AGE (IN YEARS LAST BIRTH | | |
| | | FEMALE | WHI | re Jan | 1 | 61 | YRS. | NYS HOURS MIN |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | D NEVER MARRIED | 9. BALTIMORE CITY OF | R COUNTY OF DEATH | |
| 5 | | MARYLAND | U.S. | A WIDOWE | D DIVORCED | | MONTGOMERY | MD. |
| 1 | 10. CI | TAKOMA PARK | (IF NOT IN SUCH I | OSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS! HINGTON ADVEN | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SECRETARY) | WORKING LIFET INDUST | D OF BUSINESS OR RY ERNMENT |
| 5 | 13a. S | | LNCE GEO. | IVE RESIDENCE BEFORE ADMISSION) 3(. CITY OR TOWN RIVERDALE | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS 5713 SOME | ERSET ROAD | |
| 1 | 14 FA | THER'S NAME FIRST WILLIAM | MIDOLE JOSEPH | MOSS | 15. MOTHER'S MAIDEN NAMELTA | MIDDLE | | LAST FICUS |
| 20 | | VAS DECEASED EVER IN U.S | ARMED FORCES? | 66 SOCIAL SECURITY NO. | 17 INFORMANT | 2803 | HILSIDE A | |
| X. | - (7 | NO NO | + | 579-20-1953 | EDWARD BARTON | | ERLY, MARYI | |
| | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (10), stoling the underlying cause lost PART 2 OTHER SIGNIFICATION | DUE TO, OR, (c) NT CONDITIONS CON | AS A CONSEQUENCE OF AS A CONSEQUENCE OF ATRIBUTING TO DEATH BUT ON FOR WHICH OPERATIO | NOT RELATED TO THE TERMI | NAL DISEASE OR COND | 20b. IF YES, WERE FIN | IDINGS USED |
| 1 | TIFIC | | | | | YES NO | IN CERTIFYING CAU | NO [|
| 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | F DEATH HOUR A.M | MONTH DAY YEAR | 21c. HOW INJURY OCCURRI | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART 1 OR PART | 2) |
| | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF | F INJURY T, FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOW | N COUNTY | STATE |
| | | 220 I certify that (1) (this h sow the deceased alive above, (1 (we)) did (di | LATTEROS | iter death. | nd that in (my four) opinion d | eoth occurred on the do | | |
| | | 22b. SIGNATURE | Marg | 8 T | | MEDICAL STAF | F_ | ATE SIGNED |
| 1 | | 22d. PHYSICIAN'S NAME A | HAIDA | K | 220 ADDRESS R | land pol | Heal | torlle |
| | (5 | BURIAL, CREMATION, REMO | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| H | | BURIAL UNERAL DIRECTOR | FEB. 1, | 1979 FORT I | INCOLN CEM. | REC'D BY REGISTRAR | - P.G. | - MD. |
| | 24 10 | NAME | | ADDRESS | 230. 040 | B 5 1979 | with the state of | Ha Creade |

CHAMBERS FUNERAL HOME-RIVERDALE, MARYLAND

DHMH-16 50M 7/77 (VR A 15 (4))

| 0.15 | | | A Committee | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME LAST 2a DATE OF DEATH (TYPE OR PRINT) Kosie BELL - 20 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS To BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED N DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDE CITY HMITS? estmore AV YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH frem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 Me 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this bespital) attended the deceased from, saw the deceased alive an , and that in (my) (and opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did nat) view the bady ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Should be d 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| medicol | | OR UNKNOWN) | (# YES, GIVE WA | | 166 SOCIAL 105-10 | SECURITY NO. 0-8739 | J. Lee | | ADDR e, 11403 Ho | | | on, Va |
| to burial, cremati | gov cou und | erlying caus | mediate ng the e last. | ((c) | Hrh | EQUENCE OF | T NOT RELATED TO | THE TERMI | MAL DISEASE OR COM | IJEIR | X CO | 9/(|
| Sony only | 19a D | ATE OF OPERA | MOIT | 19b. CONDI | TION FOR W | HICH OPERATI | ON WAS PERFORA | AED | YES NOTOPSY? | 206. IF YES, W IN CERTIFYIN YES | G CAUSES C | |
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| ith and w | AT WO | RK — AIW | ORK | | EET, FACTORY, O | FFICE, FARM, ETC.) | 21f LOCATION STREET | | CITY OR TO | WN 14/76 | COUNTY | STATE |
| m 21 is m | | aw the deceas |) (this hospital) sed alive on did) (did not) v | //1 | 4/ 19 | 0 / 1 | | ur) opinian di | eath accurred on the c | late and have on | d from the co | |
| State Dep | | | AME (TYPE ORPR | 99 | 20 | 1 9 | DEGREE ATT PH | ENDING YSICIAN | MEDICAL STA | | 274 DATES | WINED ! |
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| 16 20M , 4) 7/78 | . NAA | ansky- | Goldber | ng Mem. | Chap. | ckville | | 25e. DATE | ALD BY RECISION | 256. REGISTRAR | SSIGNATU | Bready |

500 UNIV RIVO W STIVER SPRING NO. 20901

FOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| January 24, | | | 11: | |
|------------------------------|---------|--------|----------|--------|
| AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| 50 YRS. | MONTHS | DAYS | HOURS | MIN |

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic

Muncaster Road

Carter

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11 nearle

IN CERTIFYING CAUSES OF DEATH? 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

22c. DAJE SIGNED

Mastate Laytonsville Mont.

COUNTY

STATE

24 FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md. 20760

DHMH - 16 50M 1/76 (VR A 15 (4))

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| | or town of DE thesda | ATH | | JCH FACILITY, GIVE STREET | | R OTHER INSTITUTION | ON I | USUAL OCCU TYPE OF WORK FOR M Housew | PATION OSLOF WORKING LTE | 12b. KIND (INDUSTRY | of Business ame |
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| 160. WA | S DECEASED EVE | R IN U.S. AR | | | | 17 INFORMANT | | | DDRESS | | |
| | , NO OR UNKNOWN) | (IF YES, GIVE | E WAR OR DATES] | 139-14 | -0847 | Kathle | en B | lack | Sam | ne as 1 | 3 |
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| WE | | WHILE D | | TREET, FACTORY, OFFICE | E, FARM, ETC.) | STREET | | CITY | ORTOWN | COUNTY | STATE |
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| | 2000 SIGNATURE | Ju | 2-4 | √ | | | IDING ICIAN | MEDICAL DIRECTOR PI | STAFF TYSICIAN [| - | 11-79 |
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DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Las 3 SEX DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) MONTH YEAR HOURS. WHITE 902 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY CONN. WIDOWED DIVORCED [GOMPNI OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY YOUSE WIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET ADDRESS NO 4209 GREKN SPAN LAWIE MONTGOMER ROCKVILLE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE CASSIdi DRIGGETTE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS IYES, NO OR UNKNOWN) I JIF YES, GIVE WAR OR DATES) -806 SAME# 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF FRIOSCUEROSIS Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause HYPFRIENSION a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DIVISION OF VITAL RECORDS, 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I iol-tronsit p 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) -00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR. sow the deceased alive an above, (I) (we) [did] (did not) view the bady after death. , and that in (my) (our) apinian death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED -MEDICAL STAFF = ATTENDING ild be deta the State I PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS should be with the MAPORTA LOG 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE WASHINGTON 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) FUNERAL HOME WASH.DR

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-(TYPE OR PRINT) DEATH MATED 5. DATE OF BIRTH SEX 1 RACE 6. AGE (IN YEARS THE UNDER 1 YR. IF UNDER 24 HRS DATE YEAR AST BIRTHDAY PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Italy USA WIDOWED 127 DIVORCED 5 mery MD ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORL 1/2b. OR INDUSTRY FOR MOST OF WORKING LIFE) Housewife USUAL RESIDENCE (IF IN NUSANG OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE 130. CUTY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 21201 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Rosa Rapugini Catani Harry 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT 3029 Red Lion Lane (YES, NO, OR UNKNOWN) 189-01-7725D Henry Spring, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a)_(b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES NO. HOUR A.M. MONTH DAY UNDERLYING A OR 0 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, If LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Inspection 🔀 22a. I certify that I taak charge of the remains described above, held an Autopsy death resulted from: Natural causes Hamicide Undetermined manner TO MEDICAL EXAMINEMEZECUTE THE CERTIFY PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTMORE, MARYLA TITLE (SPECIFY) SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers 1919 Seminary Rd. Silver Spring, Md. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Trucksville, Westmoreland, Pa. Buria1 Jan. 11, 79 Evergreen Cemetery 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 11800 News Hampshire Avenue **DHMH - 17** (VR A15 ME (5)) Hines/Rinaldi Silver Spring Md 15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH (TYPE OR PRINT) INCENT ONANNO 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS FEB 14, 1902 FEAR MONTHS DAYS HOURS 76 YRS. 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** STATE OR FOREIGN MARRIED W NEVER MARRIED U.S.A. OMERI WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SHOE REPAIRMAN JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS P MARYLAND MONTGOMERY SILVER SPRING 2604 ECCLESTON STREET NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME ROSARIA SIDDIM PLACIDO BONANNO MUSUMEC 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. SON ADDRESS ROCKVILLE, MD. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-10-1148 THOMAS B. BONANNO. 13102 MAGELLAN AVENUE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which an consons gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO DIVISION OF VITAL RECORDS, 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? NO. NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (obc) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be detach ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRIN 22e. ADDRESS ST, SILVER SPRING 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL SILVER SPRING GATE OF HEAVEN BP. 24. FUNERAL DIRECTOR FRANCIS J. COLLINS. DHMH - 16 50M 7/77 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 (VRA 15(4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) KIMMIE BOOKER DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED MONTGOMERY CO DIVORCED A WIDOWED FILED, 301 WK D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS SUBURBAN HOSPITAL BETHESDA MOOK RESTAURANT USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NIL COUNTY 13E. CITY OR TOWN 13d. INSIDE CUP LIMITS? 13e STREET ADDRESS DIVISION OF VITAL REC NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST AND BOOKER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAY OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CARIAC AU VIE IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which DISEASE gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CHRINIZ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 2D. AUTOPSY? Q. YES NO Z 3 SHOULD BE (DEPARTMENT O 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJIEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY UNDERLYING OR 0 MEDICAL 1979 CONTRIBUTING CAUSE OF DEATH PRIOR AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE and in my opinion Suicide Undetermined manner Natural causes TITLE (SPECIFY MEDICAL EXAMINER SIGNED EXAMINER'S NAME 23g BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATOR ORANGE NIRGINIA BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 30M 7/73

79-01923 OD THERMOTORY A MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

79-01924

20 DATE OF DEATH MONTH 1979 & AGE LIN YEARS LAST BIRTHDAY IF UNDER ! YEAR BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR HOUSEWITE WORKING LIFE) INDUSTRY

3701 Connecticut Ave. N.W.

Bialiaostoski

Dr. Armand Gordon, 4500 Conn. Ave. NW, DC

APPROXIMATE INTERVAL

YES [

COUNTY

NOF

STATE

and that in (pr) point death occurred on the date and have and from the causes stated

22c. DATE SIGNED

Washington, D.C. 250 DARENECED BY REGISTRARIS SIGNATURE Rockville, Md.

24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels, 1170 Rockville Pike (VR A 15 (4))

FOR

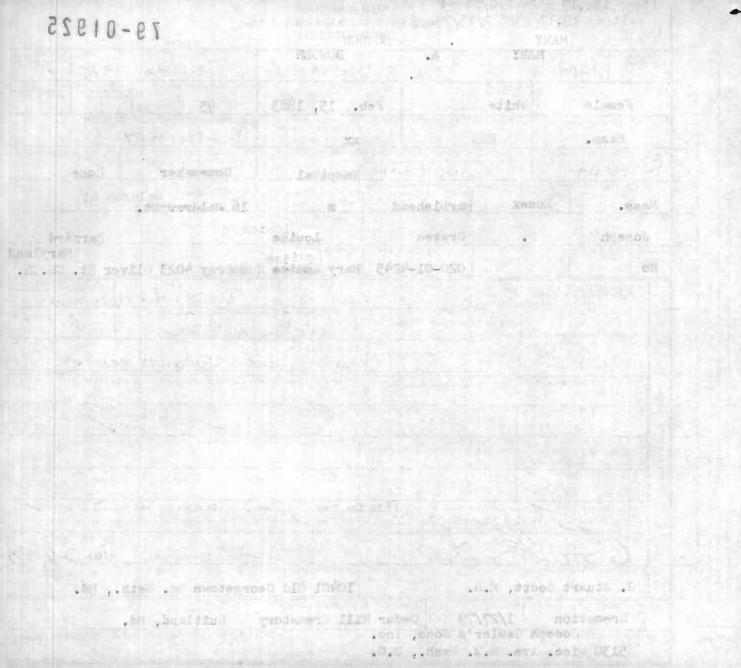
REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 60M 1/75

| nay be page 3 or death | | | CEASED NAME FIRST NO OR PRINT) MARY | ARY | MIDDLE A. | B | BOWDEN OW OF A | 20 DATE OF DEA | | 1979 2 | 233 |
|---|--|---------------|--|--|--|------------------|--|--|-------------------|--|--------------|
| ge 4 may ector, pa | N I | 3 SEX | Female | 4 RACE White | | 5. DATE OF MONTH | DAY YEAR | 6. AGE (IN YEARS LA | ST BIRTHDAY) YRS. | MONTHS DAYS | FUNDER 24 HR |
| death Po | aronce | CC | RTHPLACE (STATE OR FOREIGN DUNTRY) | USA | | WIDOWED | Contract of the Contract of th | 9. BALTIMORE C | SOMER | | |
| by the fu |) | B | ETHESDA | (IF NOT IN SU | CHEACILITY, GIVE STREET | ADDRESS | OTHER INSTITUTION | 12a USUAL OCCI (TYPE OF WORK FOR A Homem | AOST OF WORKING | LIFE) 12b. KIND OF I INDUSTRY Home | BUSINESS |
| | 8 S | 13a S | 2004 | R OTHER INSTITUTION NTY BOX | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Marblehea | d | 34 INSIDE CITY LIMITS? YES NO 🗌 | 13e STREET ADDR | | dron St | |
| ampletely ond 2 sh | S Sumin | | | MIDDLE | Graves | | MOTHER'S MAIDEN N. | isa MID | DLE | Rarna | rd |
| oe execu | 3 | | | RMED FORCES? /E WAR OR DATES) | 020-01-4 | | 7. INFORMANT. Louise lary Louise | | 4023 01 | | Ch.Cl |
| equires that the death or signed by the attend Then please remave ca ta burial, crematian, a | injury, ar ather trauma | ION | Conditions, if ony, which gave rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT | b) DUE TO, C (c) | OR AS A CONSEQUE | NCE OF | Diabele Synathranau difference to the term | Melel re Vageu AINAL DISEASE OR | | | |
| 4 | ws any | CERTIFICATION | 190 DATE OF OPERATION | | DITION FOR WHICH | OPERATION | | YES NO | IN CERT | (2) | |
| The law rescion. te has been sit permit. | £ /- | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | P P | .M. MONTH DA | YEAR | 216 HOW INJURY OCCUI | | | county | STATE |
| HYSICIAN: The le nding physician. his certificate has build-transit per dental Hygiene | ked or ffem 18 show | MEDICAL CE | (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | CITY | OR TOWN | COOKIT | |
| L OR ATTENDING PHYSICIAN: The Ichhe hospital or attending physician. L DIRECTOR: After this certificate hos tached for use as the burial-transit per bept; of Health and Mental Hygiene. | MPORTANT: If them 21 is morked or them 18 shot | | 21d INJURY OCCURRED | (AT HOME, ST Sitol) oftended the not view the body | reet, Factory, Office, F | 17-c < | that in (my) popular | death accurred an | staff | 22c. DATE SH | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-01976 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) W. Bradley Mary 01 - 13 - 793 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEA'8 HOURS 26 60 female white To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED COUNTRY) Pennsylvania USA Montgomery County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS Suburban Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE Bethesda 201 W PRESTON ST. BALLIMORE MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Rockville 134 INSIDE CITY LIMITS? 13. SIREE ADDRESS Ave. Montgomery Maryland YES TA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Schohart Elizabeth 'Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) unknown Richard L. Bradley same as 13e No 18 CAUSE OF DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [YES Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (are) opinion death accurred on the date and hour and from the causes stated diove, (I) (did not) view the bedy ofter death. 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: OXLOWISCONSIN Ave. CIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the S Bethesda, Maryland J. Blaine Fitzge 23d LOCATION 23a. BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE Metropolitan Crematory Alexandria. Virginia Cremation 24 FUNERAL DIRECTPYSON Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 1331 Rockville Pike, Rockville, Md. (VR A 15 (4))

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79-01928 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME EWST 2b. HOUR (TYPE OF PRINT) L-EONARD 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR "Jüly 17,1907 DAYS HOURS WHITE MALE 71 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PENNSYLVANIA U.S.A. MONTGOMERY DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE SALESMAN PRINTING CO. SILVER SPRING USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MONTGOMERS 13a STATE WHEATON YES NO | 3705 BRIGHTVIEW STREET MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAS VOGT LAST BERTHA MIDDLE BRAND CARL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) HELEN D. BRAND SAME AS 13 578-40-7188 WIFE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and it PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 22 NOL NO F YES [210. ASCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 220 I certify that (I) (this hospital) attended the deceased from saw the decrosed alive on above, (1) (ye) (did) (did not) view the body offer death (por) opinion death accurred on the date and hour and from the causes stated SIGNATUR DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS WASHINGTON, DUNTC. ROCK CREEK CEMETERY 230 BURIAL, CREMATION, REMOVAL 1/13/79 (SPECIF BURTAL STATE 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S STGMATURE. DHMH-16 20M (VRA 15, 4) 7/78 500 UNIV.BLVD. W. SILVER SPRING MD.

STATE OF MARYLAND

injury, or other traumatic event, the medical exam

MPORTANT: If them 21 is marked or them 18 shows any

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01929

| | REGISTRAK | | | | | | REG. N | 10. | | |
|---------------|--|--|--|-------------------------------|---|--------------|--|----------------|---|--|
| | CEASED NAME FIRST Susan | | etzle | В | rode11 | | Jan. | 27 | 1979 | 2b HOUR |
| 3. SE | | 4 RACE Whit | | 5. DATE OF MONTH | DAY YEAR | | 6. AGE (IN YEARS LAST BIR | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN |
| C | IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED WIDOWED | NEVER MARRIED DIVORCED | | Montgo | | Y OF DEATH | MD |
| | ilver Spring | 11. NAME OF 1 12312 | HOSPITAL, NURSIN | | OTHER INSTITUTION | | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewi | OF WORKING | | OF BUSINESS OR |
| 130 | AL RESIDENCE (IF NURSING HOME O STATE M. d | NOTHER INSTITUTION, | 13c. STY SP TOW | Z | 130 INSIDE CITY LIMI | | 13e STREET ADDRESS 12512 | | Farm D | rive |
| 14. F/ | Lee Koetzl | S WIDDLE | LAST | | Madge | | urst | | LAS | ST. |
| 160 \ | WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECU 214 34 | 6611 | Stephen | Br | ode11 | ESS Sa (H | me as usband | above |
| CERTIFICATION | PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate couse to), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION | DUE TO, OI DUE TO, OI DUE TO, OI (c) CONDITIONS CO | R AS A CONSEQUI M & Ta c To R AS A CONSEQUI | ENCE OF | NOT RELATED TO THE | Jues S | 20a. AUTOPSY? | 20b. IF Y | 2-3 IVEN IN PART 10 ES, WERE FINDIN TIFYING CAUSES | NGS USED |
| MEDICAL CERTI | 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (i) (this hasp saw the deceased after 6bove. M (we) (did) (did) 22f. SIGNATURE FRUEST E | 21e. PLACE (AT HOME, STH | M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, I e deceased from after death. | 19 FARM, ETC.) /960 79 . one | 211 LOCATION STREET 19 d that in (my) (our) or PHYSIC 22e ADDRESS | pinian di | eoth accurred an the | OWN AFF ICTAN | COUNTY 1979 our and from the 224. DATE | tho (1) Are) lost couses stated SIGNED SIGNED Spring |
|] | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR ines/Rinaldi | 1/3 | 0/79 G | ate o | 25 | 1 Sa DATE | 23d LOCATION CITY OR TOWN SILVET REC'D. BY REGISTRA | | ng Mon | |

DHMH - 16 50M 1/76 (VR A 15 (4))

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1/30/79 Care of Heaven | 111ver Spring Mont. Md.

Mines / Einsich F. B. 11800 W.B.Ave. Silver Spains Mil . S. I think |

the attending physician and completely filled in by the remove carbonpopers. Pages 1 and 2 should be filed wire

TO FUNERAL DIRECTOR: After this certificate has bee

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

OR ATTENDING PHYSICIAN: The low

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01930

| | | CEASED NAME FIRST | | MIOOFE | By | cooks - | 2a. DATE OF DEATH | AONTH DAY YEAR 26 HOUR |
|------|-----------------------|--|--|--|---|--|--|--|
| | 3 SE | | 1 RACE | | Is DATE OF | F RIDTH | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UNDER 1 YEAR IF UNDER 2 |
| | 3 36 | M | | A 27 . 3 | MONTH | DAY YEAR | | MONTHS DAYS HOURS |
| | | 11 | Negr | | | ay 15, 19 | 59 | YRS. |
| NJ A | | IRTHPLACE (STATE OR FOREIGN OUNTRY) | | WHAT COUNTRY? | MARRIED | NEVER MARRIED | 9. BALTIMORE CITY OF | COUNTY OF DEATH |
| 15 | | Pa. | USA | | WIDOWED | V | 110 | MI |
| 1 | 10. C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 12a. USUAL OCCUPATION | |
| // | | Md. | Washi | ngton Adv | rentist | t Hospital | none | none |
| 2, | | AL RESIDENCE (IF NURSING HOME COUNTY) | | 13c. CITY OR TOW | N I | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | |
| 0 | _ | Maryland | 15 | Hyattsv | ville | YES NO | 6507 9th | Avenue |
| , | 14. FA | ATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | LAST |
| 09 | | WILLIAM | н. | BROOKS | 5 | JEANETTE | | MITCHELL |
| 0 | | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRE: | SS |
| 2 | , | Yes | - WAR OR DATES | 228-10- | -6220 | James H. Bro | ooks, Jr./son | n/same as 13e |
| | | 18 CAUSE OF DEATH (Enter o | nly ane couse per | | | . / | | APPROXIMATE INTERV BETWEEN ONSET AND D |
| | | PART I. DE ATH WAS CAUS | ED BY: .TE CAUSE (a) | FXA | ngi | untite. | -110 | |
| | | 161/11 | - | | / | | | |
| 34 | 1 | TTI | DUE 10, O | BAS A CONSEQUE | ENCE OF | 1 | non for | |
| | | Conditions, if ony, which gave rise to immediate | (b) | confule 1 | 76/1 | nuica air 1 | YOK IK | |
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| | | couse (a), stating the | DUETO | RAS ACONSECTE | ENCE OF | 1 | 17 | |
| | | | DUE TO, O | RAS ACONSEOUE | . 0 | ari fora | saliza Avi | Biero |
| | | couse (a), stating the underlying cause last. | (c) | Alberros | cler | | Calized SS | Cueno |
| | Z | couse (a), stating the | (c) | Alberros | cler | | /./- | CLEAR DITION GIVEN IN PART 1101 |
| | VIION | couse (a) stating the underlying cause last. PART 2. OTHER SIGNIFICANT | CONDITIONS CA | echile | DEATH BOT | NOT RELATED TO THE TERM | Mison | |
| | ICATION | couse (a), stating the underlying cause last. | CONDITIONS CA | echile | DEATH BOT | | /./- | 206. IF YES, WERE FINDINGS USED |
| 1 | TIFICATION | couse (a) stating the underlying cause last. PART 2. OTHER SIGNIFICANT | CONDITIONS CA | echile | DEATH BOT | NOT RELATED TO THE TERM | Mison | |
| 1 | CERTIFICATION | PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | CONDITIONS CA | ENJURY | DEATH BUT TOPERATION | NOT RELATED TO THE TERM NEW WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO |
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| 1 | MEDICAL CERTIFICATION | Couse (a) stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI I IF EITHER, NOTIFY MEDICAL EXAMINED | CONDITIONS | DITRIBUTING TO DE LITTON FOR WHICH' | DEATH BUT POPERATION | NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUP | 700 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) | 120b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1 |
| 1 | | Couse (a) stating the underlying cause last: PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI INFETTMER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | CONDITIONS CE 19b. COND 19b. COND 19b. COND HOUR A. 10) 21b PLACE (AT HOME, STE | DITRIBUTING TO DE LITION FOR WHICH | DEATH BUT POPERATION | NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUP | 700 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) | 120b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1 |
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| 1 | | PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DO 11F ETIMER, NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 27a certify that (I) (this hosp sow the decosed alive a above at well did i did in | CONDITIONS CE 19b. COND 19b. COND 19b. TIME O HOUR A. 2) 21e PLACE (AT HOME, STI | DITRIBUTING TO E OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F. | OPERATION AY YEAR 19 FARM, ETC.) | 21c. HOW INJURY OCCUP | 700 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR.) CITY OR TOW | 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
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79-01930

| | | | | STATE OF MARYLAND | | |
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| | 1 | FOR - STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 7 9 - 0 1 | 931 |
| £ | 1. C | ECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| | | PEGG | Y NMN | BROOKS | JANUAR' | Y DI 1979 535 A |
| | 3. 5 | EX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| - 9 | | FEMALE | CAUCASTAN | FER 18 1924 | 54 YR | S |
| 2 | 70 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTE | MARRIED X NEVER MARRIED | 9. BALTIMORE CITY OR COUP | NTY OF DEATH |
| 8/1 | | ENNESSEE | AZU | WIDOWED DIVORCED | MONTGOMERY | MC |
| 1 | 7 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE | SING HOME OR OTHER INSTITUTION REET ADDRESS) | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | G LIFE) INDUSTRY |
| 1 | | BETHESDA | | MEDICAL CENTER | HOUSEWIFE | |
| 30 | | | DUNTY 13(. CITY OR TO | | 13e STREET ADDRESS | |
|) _ | | | IRFAX FALLS | | 1 DO ELLIZON Z. | |
| 71 | 14 | FATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN N | AME | LAST |
| 1 | | ALTER | TIPTON | OTTIA | MAY | KEENE |
| edico | 5 160 | WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? 16b SOCIAL SE | CURITY NO. 17 INFORMANT | ADDRESS | |
| | | NO | 408 36 | 3615 ARNOLD BROO | KS-18 ETON PLACE | -N-Y-N-Y- 10709 |
| ıt, th | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | anly ane cause per line far (a), (b), | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ever | | | DIATE CAUSE (a)CARD | TAC ARRHYTHMIA | | |
| patic | | 1410- | DUE TO, OR AS A CONSE | | | |
| noon | | Conditions, if any, which | (b) MYOCA | ARDIAL INFARCTION | | |
| other t | 1 | cause (a), stating the | | DUENCE OF | | |
| 0 | | onderlying cause last | (c) | | | |
| lury. | Z | PART 2. OTHER SIGNIFICAN | nt conditions <u>contributing t</u> | O DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | GIVEN IN PART 1(a) |
| ni Aug | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH. | CH OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED |
| SWS WS | 21 8 | | | | YES NOTY | RTIFYING CAUSES OF DEATH? |
| 8 sho | 1 8 | 210. ACCIDENT WAS UNDERLYING | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM | |
| Item | 1 | OR CONTRIBUTING CAUSE OF | | DAY YEAR | | |
| ă / | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 21f. LOCATION | | |
| | Z | WHILE NOT WHILE D | (AT HOME, STREET, FACTORY, OFFI | CE, FARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| Daylor | | | aspital <u>attended the</u> deceased fra | m_22_JII19_ZA | , to .ПIAN | 19 79 , that 1 (we) last |
| | | | not) view the bady after death. | 77 | n death accurred an the date and | |
| 8 | | 22b. SIGNATURE | not) view the bady after death. | DEGREE | | 22c. DATE SIGNED |
| | | Tom /1 | 11/10 M. C | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | D1JAN79 |
| Z- | 7 | 22d. PHYSICIAN'S NAME (TY | PE OR PRINT) | 22e ADDRESS | _ DIRECTOR _ FITTSICIAINAL | DEGART 1 |
| IMPORTANT: # | | TOM ALLEN M | n | No his area I No | Maddaal Can | A Dath da N |
| ¥- | 220 | BURIAL, CREMATION, REMOV | | I NATIONAL NA 3c. NAME OF CEMETERY OR CREMATORY | | ter, Bethesday, M |
| | 1230 | (SPECIFY) BURIAL | | | CITY OR TOWN | COUNTY STATE |
| | 24 | FUNERAL DIRECTOR | 1/3/79 | ARLINGTON NATIONAL | ARL TWO TON'S | ARLINGTON VA |
| 76 | | NAME | HOME FALLS CH | | 1 1013 | Theody |
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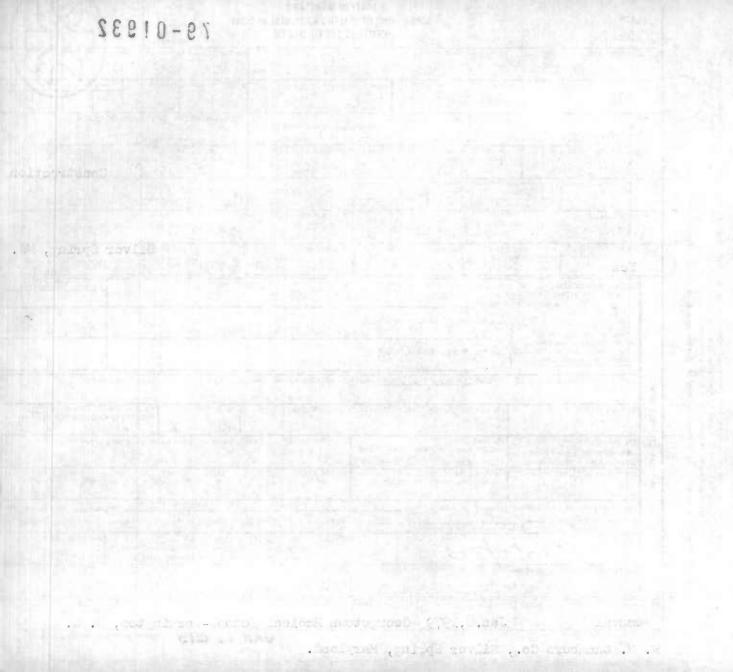
- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



500 UNIV BIVD. W. STIVER SPRING MD. 20901

MIDDLE

FOR

- STATE

DHMH - 16 60M 7/73 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12h. KIND OF BUSINESS OR

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STATE

MD.

COUNTY

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| | ' | STATE REGISTRAR | M | EDICAL EXAMINER | 'S CERTIFICATE OF | DEATH 789 | 01934 |
| 63 | | CEASED NAME FIRST | | WIDDLE | LAST | 20. DATE KNOWN | MONTH DAY YEAR 26 HOUR |
| 5 4 4 4 5 | (11 | Alan | O | 2.1/ | Bullard. | OF ESTI- | Jen301919 350 M |
| A DE OF | 3. SE | | 5. DATE OF BIRTI | | IF UNDER 1 YR. IF UNDER 24 | | MONTH DAY YEAR 24 HOUR |
| POIRE DUR 72 H | | Molo white | DA - 1 | YEAR LAST BIRTHDAY) | MONTHS DAYS HOURS A | PRONOUNCED DEAD | en 30 10 25 00 14 |
| ECESSARY, UNERAL DIE WITHIN 72 | 7a. B | RTHPLACE (STATE OR PREIGN COUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | AARRIED NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY OF DEATH |
| NECESSARY, PI FUNERAL DIRE 5 FOR YOUR 5, WITHIN 72 H W. PRESTON SI | | VASHINGTON D.C. | 11.5.4 | | DOWED DIVORCED | | LOAMERY MD. |
| AY IS NE FULED, V 301 W. | 10. C | TY OR TOWN OF DE, .H | 11. NAME OF HO | SPITAL, NURSING HOME, OF | OTHER INSTITUTION | . USUAL OCCUPATION (TY | |
| ELAY IS TO THE PAGE SE FILED | 4 | cil. Spa | 517 | FACILITY, GIVE STREET ADDRESS) | RI. | HAIR DRESSE | |
| A N D D D D D D D D D D D D D D D D D D | USU. | AL RESIDENCE (IF CHURSING HOME CATE 136 COUN | OR OTHER INSTITUTION, | GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? 11 | Be. STREET ADDRESS | R. |
| 21201 IF ANY S. AND SHOUL I RECO | 100. | MI M | ant | 13c. CITY OR TOWN | YES X NO | 5/7 Can | Rd. |
| O I NA | 14. F | THER'S NAME | | 00 | 15. MOTHER'S MAIDEN | NAME | |
| RE, MD. | | FIRST | MIDDLE | LAST | ESTELLE | MIDOLE | BADANES |
| | 160 | VAS DECEASED EVER IN U.S. AR. | | 166. SOCIAL SECURITY NO | D. 17. INFORMANT | ADDRES | ILVER SPRING, MD. |
| E ANTON | 1 " | NO (IF YES, GIVE | WAR OR DATES) | 216-64-0820 | SANDRA L. | RILLIADO 517 | CANNON RD. |
| DURS DURS 18. GIT. PARI | | 18 CAUSE OF DEATH (Enter on | ly one cause per lie | | - I SINVINA L. | JULIAND JII | APPROXIMATE INTERVAL |
| ZE Z | | PARTIDEATH WAS CAUSE | D BY: TE CAUSE (a) | Stab 6 | alound of | E Chest | BETWEEN ONSET AND DEATH |
| | | 956- | | R AS A CONSEQUENCE OF | | | |
| W. PRESTON D WITHIN 24 ENCIL IN TER AMINER ALOR TRANSIT PER FINAL HYGIEI REMOVAL. | - | Conditions, if ony, which gove rise to immediate | | | | | |
| W. PR. | | cause (o) stating the under- | | R AS A CONSEQUENCE OF | | | |
| E BAXAAA | | lying couse lost. | (c) | | | | |
| L RECORDS, 36 UID BE EXECU "PENDING" IN EF MEDICAL F HED AS A BUR HEALTH AND CREMATION.(| | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEAT | H BUT NOT RELATED TO THE TERMINAL | DISEASE OR CONDITION GIVEN IN PART 1 | (0), | |
| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 HOULD BE USED AS A BE RE 3 ROULD BE USED AS A BE RE 5 DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION | ON | Non | -e | | | | |
| TAL RE- HOULD TO "PEI HIEF / USED OF HE/ LL, CRE- | MEDICAL CERTIFICATION | 190. DATE OF OPERATION | | DITION FOR WHICH OPERATIO | ON WAS PERFORMED? | | 20 AUTOPSY? |
| VITAL I | E | None | | | | | YES NO NO |
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| ON OF ON OF THE V TO THE V TO ULD ARTMER | 14 | UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH 200 | M. MONTH DAY YEAR 3 0 1979 | Utables | d Soft | |
| VISIG | EDI | WHILE NOT WHILE | 21e PLACE | | I LOCATION STREET | CITY OR TOWN | COUNTY STATE. |
| DIVIS THIS CER WARDED PAGE 3 S TATE DEP | 2 | WHILE AT WORK AT WORK | 0 46. | ne | Canorenta | . Si'1. Spe | Mont nd |
| wing with | | 22a. I certify that I took charg | | | Autopsy , Inspection | Inquiry . o | nd in my apinian |
| L EXAMINER. COULD BE FOR OULD BE FOR WITH THE MARYLAND, 2 | | | ral causes | Accident , Suicide | 1 / | Undetermined monner . | no in my opinion |
| 4 E E E E E | | 1 | | > | TITLE (SPECIFY) | | |
| MAA MAA | | ACTUAL SIGNATURE | PUS | a gove | M.D. Den. | _MEDICAL EXAMINER | DATE 1222391979 |
| DICA F TE SF TER ORE, | | | | / / | | - THE TOTAL EXPONENTIAL | SIGNED |
| PER UNITED IN THE PER UNITED I | 10 | (TYPE OR PRINT) | TO BUILD A | | ADDRESS | THE DANGE | |
| TO MEDICAL EXA EXECUTE THE CER. PAGE 4 SHOULD TO FUNERAL DIRE AFTER DESTH, WITH | 23a.B | URIAL, CREMATION, REMOVAL | ?3b. DATE | 23c. NAME OF CEMETE | | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| BPS | L | BURTAI | EFR 2 1 | 1070 KING DAUT | 0011 | FALLS CHURC | |
| DHMH - 17 | 24. F | UNERAL DIRECTOR | ADDRE | 020 0100011 | | | STRAR'S SIGNATURE |
| (VR A15 ME (5)) 15M 7/77 | DO | | | MORIAL F.H. | D.C. | 0 13/3 | / / |

STATE OF MARYLAND

24 FUNERAL DIRECTOR RObert A. Pumphrey Funeral

Bethesda, Md.

Momes. P.A.

FOR

- STATE

DHMH-16 50M 7/77

(VRA 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-01935

IF UNDER 1 YEAR

2h HOUR

HOURS.

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

STATE

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YES T

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

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IF UNDER 24 HRS

REG NO

79-01935

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| .1 | . 10100 Com. Ave. Vensingto | Throny Coole, M. I | |
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If Her

MPORTANT:

KK Burial

Jan.8-79

Ga. Ave. S.S. Md

Pumphrey, Inc.

Gate of

Heaven

FOR

1. DECEASED NAME

REGISTRAR

Male

Edward

4 RACE

- STATE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR :20 5 DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY! IF UNDER I YEAR IF UNDER 24 HRS 1895 MONTH DAYS HOURS 84 xXXX BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Montgomery WIDOWED 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
RETITED U.STRY 10920 Conn. Avenue 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Kensington YESK 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST (unknown) ADDRESS 12 Kipling Dr., 166 SOCIAL SECURITY NO 17 INFORMANT Frank Buonaiuto-nephew-Greenlawn, NY 578-10-1404 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO I 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

Spr

Montgomery Md

76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) NewYork USA NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Washington Adventist Hosp. akoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Montgomery Maryland 14 FATHER'S NAME (unknown) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no none CAUSE OF DEATH (Enter only one couse per ling) PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDI CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK this hospital) oftended the deceased from aur) apinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED 22b. SIGNATURE MEDICAL ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPEOR PRINT) 236 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND

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| 2 | 1, | OR DEPARTMENT OF HEALTH AND MEN | |
|---|---------------|--|--|
| | | TATE EGISTRAR MEDICAL EXAMINER'S CERTIFICATION MEDICAL EXAMINER | ATE OF DEATH |
| | | EASED NAME FIRST MIDDLE LAST ORPRINT) | 20. DATE KNOWN MONTH DAY YEAR 76. HOUR |
| IECESSARY, PLEASE JUERAL DIRECTOR. ONLY FILES. WITHIN 72 JOURS PRESTON, STREET. | - | Adelbert S. Callawa | DEATH MATED 1 - 21 1979 A M |
| S S S | 3 SE | MONTH DAY PER 1241 | FÜNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOUR HOURS MIN. PRONOUNCED |
| 1.7 | - | ale Cauc. Jan. 13, 1891 88 YRS. THPLACE (STATE OR // CITIZEN OF WHAT COUNTRY? | DEAD JAM . 27 1977 7 AM |
| 8 | FC | EIGN COUNTRY) MARRIED A NEVE | R MARRIED U |
| | | Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION | ON 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS |
| 16 | Be | thesda 9201 Rosehill Drive | FOR MOST OF WORKING LIFE) Ret. Engineer Union Carbid |
| - | USU. | RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| 1 | | 1/1 1/ | NO□ 9829 Capitol View Dr. |
| 1 | 14. F | FIRST MIDDLE LAST FIRS' | S MAIDEN NAME MIDDLE LAST |
| | | Samson Callaway En | mma Whittenholler |
| 1 | 160. | AS DECEASED EVER IN U.S. ARMED FORCES? S. NO. ORUNKNOWN) (IFYES, GIVE WAR OR DATES) Yes WW I 191-10-7547 Mary | |
| | H | | Lou Callaway Same as 13 |
| | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY: Cardio Vascular | Diseas |
| l. | | 499 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | |
| OR REMOVAL. | | Conditions, if any, which gave rise to immediate (b) | |
| OR REA | 10 | couse (a) stoting the <u>under-</u> lying couse lost. DUE TO, OR AS A CONSEQUENCE OF | |
| , | | (c) | |
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| _ | CERTIFICATION | 190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORME | ED? 20. AUTOPSY? |
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| | MEDICAL | CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| | MED | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) | CITY OR TOWN COUNTY STATE |
| | | AT WORK | |
| | | | Inspection X, Inquiry X, and in my opinion |
| | | death resulted fram: Natural causes 💹, Accident 📋, Suicide 🗒, Homicid | |
| WANTEND, | | ACTUAL John 13. Ball MID Den | DATE - |
| | | | Bethesda, Md. |
| BALTIMORE, MARYLA | and the same | EXAMINER'S NAME (TYPE OR PRINT) John G. Ball ADDRESS 7 | 936 Old Georgetown Rd. |
| - A | 23a.E | RIAL CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATOR | Y 23d LOCATION COUNTY STATE |
| | | Tremation Jan. 28, 1979 Metropolitan | Crem. Alexandria Va. |
|) | 24. F | Mes, P.A. Bethesda, Md. | DATE NECTO BY REGISTERS REGISTRANCE CROSH |
| | | be the sua, Mu. | |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 MIDDLE LAST 2n. DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) John H. CAMP 1:15A M January 3 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 24 HRS MONTHS DAYS Male Caucasian January 28 1919 To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TISA Missippi WIDOWED Montgomery CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda National Naval Medical Center Military U. S. Navy-E-7 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS Atlantic Pleasantville New Jersev 33-B Glendale Manor 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John Abner Camp Olga Steel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO Harbor, N. J. (IF YES, GIVE WAR OR DATES) 1938-57 Yes 426 07 2634 lda Barbetto 204 Philadelphia Ave. Egg/ APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Squamous cell carcinoma of mouth and neck DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE complicated by right carotid erosion Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION O 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? à ŏ IN CERTIFYING CAUSES OF DEATH? per NOF YES T NO F buriol-transit p Mental Hygien 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY ò AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Nov to January 220.1 certify that f. (this hospital) attended the deceased from. 19.79 , and that in (py/(our) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on January 3 above, 1) (ye) (did) (his go view by body orier 22b. SIGNATUL DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL STAFF Jan. 1979 DIRECTOR PHYSICIAN X PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS the the David J. Fontayne, D.O. National Naval Medical Center, Bethesda, Md. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION REMOVAL Arlington National Arlington/Arlington/Va. Buria 24 FUNERAL DIRECTOR TRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 .W. Chambers Co. Silver Spring, Md.20910 (VR A 15 (4))

STATE OF MARYLAND

John H. Hiller 21.5 270° 5 we made Concein राजा वर्षे भूगानाहरू WT = 10 THE Matical New Local New Contons Temple Constitution Ploasetville x ellivings of partial versions Looys Athor Control 1936-57 420 67 2636 | ige taroccho 266 Eniledelghia Ave. El c/ Sources only sensitive of equity and more committee by right corntideression ////demeany 3 79 ov. 6 2 Subt. 1979 Harlonni avri scical Corter, Bethasdayld. The Part of the Agency of the State of the S

| 8X | STATE OF MARYLAND FOR Home 1/16/79 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01942 |
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| | REGISTRAR CERTIFICATE OF DEATH REG. NO. |
| moy be poge 3 er death | T DECEASED NAME FIRST MIDDLE CAMPBRILL TO DATE OF DEATH MONTH DAY YEAR 126 HOUR AMPRILL TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DAY H |
| e 4 moy ctor, pou | 3 SEX Nale White S.DATE OF BIRTH SOAY SERT BUNDER 24 HES MONTH Sept. 8 1895 83 YRS. |
| Pogo Pogo | 76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH |
| er deoth. | New York U.S.A. WIDOWED DIVORCED MONTGOMETY MD. |
| _ 5 50 1/ | 10. CITY OR TOWN OF DEATH Rockville 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Potomac Valley Nursing Home 120. USUAL OCCUPATION (ITYPE OF WORKFOR MOST OF WORKING LIFE) INDUSTRY Executive (Ret) Sales (Steel) |
| MARYLAND 21201 ed within 24 hours of mpletely filled in by ond 2 should be file | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. CONTY Washington 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 150. Friendship Blvd 137. Washington 138. STREET ADDRESS 139. STREET ADDRESS 150. Piver oad |
| RYLA rithin 2 sh | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME |
| MAN male ond ond | George W Campbell Elizabeth Leary |
| BALTIMORE, cote be execut ysicion and copers. Poges I wol. it, the medicof | 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT SON ADDRESS (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES) NO 273-10-1045 John J. Comphell Some as at the 13 |
| LTIM be e for a rs. Po | Dame as Item 17. |
| 201 W. PRESTON ST., BA es that the death certificate ned by the attending physis please remove carbon pape used, cremation, or removal y, or other traumatic event, t | 18 CAUSE OF DEATH. Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF |
| DS, 20 quires signe hen pl to bur | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physicion. Wer this certificate bosen sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked ar Item 18 shows any injury | 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| A OF VITA LOF VITA SICIAN: The physicate ritol-transit from the ritol-transit from 18 shown | OR CONTRIBUTION CAUSE OF DE TELL HOUR A.M. MONTH DAY YEAR I |
| ON OF HYSICIA ding ph ding ph ss certifi buriol-th Mental | OR COMINGUING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AH HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| VISION 3 PHY Ittendia The bia ond M | WHILE AT WORK AT A TWORK AT WORK AT WO |
| DING ar a ar a se os se os morfi | 27a I certify that (1) (this has broth) attended the deceased from Vears, 19. , to Yan 2. 19. , that (we) lost |
| TTEN Partoll For u | sow the deceased alive on 19 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (me) (did) (distant) view the body after death. |
| AL OR A the hos the hos let ached le | 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/2/79 |
| TO HOSPITA TO FUNERA should be de with the Stat | JAMES UILEGAN 5413 Cedar Ln Bethes du W |
| of of selection of the | 230 BURIAL, CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE |
| BP | Burial 1/6/1979 Evergreen Cemetery Brooklyn, New York |
| DHMH - 16 50M 7/77 (VR A 15 (4)) | 24. FUNERAL DIRECTOR JOSEPH GAWLER'S SONS INC. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE 1250. DATE REC'D. |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIOOLE LAST 20 DATE OF DEATH MONTH . DECEASED NAME (TYPE OR PRINT) Stansbury Agnes 3, 1979 Cann 8:00 PM January 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH ONTHS DAYS HOURS White Female Mar. 70 BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery USA Co. Md WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Montgomery General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Olney Homemaker Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Villiage Par 13a STATE 136 COUNTY 13c. CITY OR TOWN 1 13d INSIDE CITY LIMITS? Gaithersburgesx Md. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Matilda MIODLE Alpheus Stansbury Hodges 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-18-2696 Mrs. Ethel Rainev Mass. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c): ART I DEATH WAS CAUSED BY Ph) IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 4 YES T NO [] and Mental Hygie 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR ol-tr OR CONTRIBUTING CAUSE OF DEATH MEDICAL Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 this b AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ DIRECTOR: hospitol ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF * PHYSICIAN LARECTOR PHYSICIAN ld be de the Stote MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Jack Schumacher. M.D. Montgomery County General Hospital ŧ 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE Druid Ridge Pikesville DOOC BP. 24 FUNERAL DIRECTOR HELLY Sons 250 DATE REC'D. BY REGISTRAR 256. REG Jenki DHMH-16 50M 7/77 (VRA 15 (41) Balto., Rd. 21212

STATE OF MARYLAND

Items 5.6 g528 2/26/79 gi

- STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) Milbourne E. Carter January 23. SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH 1896 Male White January O BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland U.S.A. WIDOWED Montgomery 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Collingswood Nursing Home Retired Rockville DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STATO413 Armory Avenue 136 EKensington 13d INSIDE CITY LIMITS? Mary Tand 13 Montgomerv YES X NO 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Richard Carter MDDLE MIDDLE Martha ARDES#1 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 01 6024 Dorothy C. Thompson 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b , and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse los, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOD 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.] certify that (I) (the handel) attended the deceased from sow the deceosed alive on Shape body after death obove, (I) (Shape body after death and that in (my) (and opinion death occurred on the date and hour and from the causes stated 22b. SIGNATAL DEGREE MEDICAL ATTENDING. STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23b. DATE

Tyson Wheeler Funeral Home, Rockville, Md.

1/26/79

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c. NAME OF CEMETERY OR CREMATORY

Forest Oak Cemetery

Carter Biglerville. Pa. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE 22c. DATE SIGNED STATE Gaithersburg, Maryland

26 HOUR

HOURS

126 KIND OF BUSINESS OR

Carpenter

5:00P

1979

IF UNDER I YEAR

AONTHS DAYS

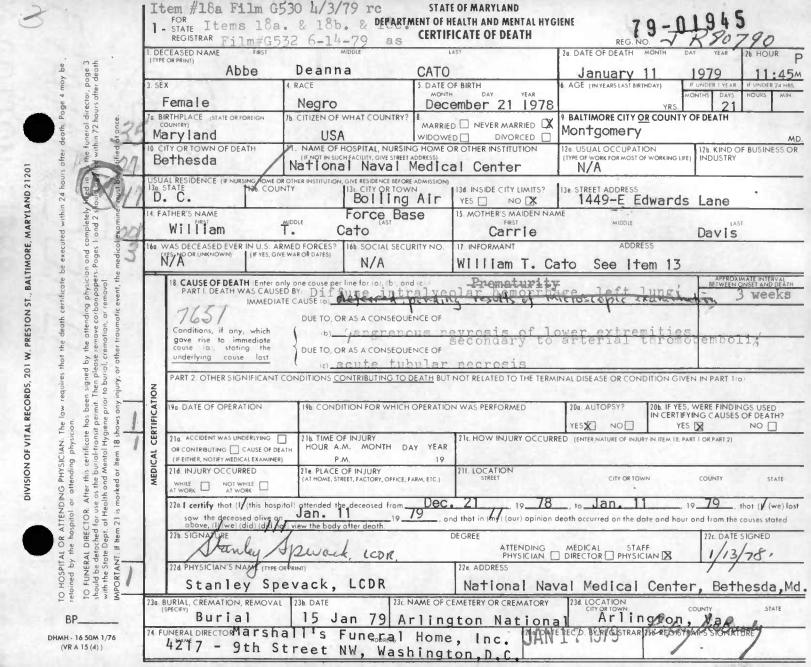
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230. BURIAL CREMATION REMOVAL

(SPECIFY)

Burial 24. FUNERAL DIRECTOR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b HOUR L DECEASED NAME TYPE OR PRINTI F. POV 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNUER 24 HR 5 DATE OF BIRTH SEX 4 RACE DAYS HOURS YEAR 09/07/08 70 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? LA BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Pennsylvania montgames WIDOWED DIVORCED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Painting Painter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b. COUNTY 13c CITY OR TOWN 13a STREET ADDRESS 6811 Fairfax Drive 13d INSIDE CITY LIMITS? Bethesda Montgomery Maryland YES XX NO F 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST Pastarine Erminio Cervi Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Fay B. Cervi, same as #13 172-12-0380A No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line fof (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) PRESTON ST. Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD NO F YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.l certify that (I) (this haspital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an above. (I) (we) (did) (did not view the body after death. 22c DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STAFF MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b 23c. NAME OF CEMETERY OR CREATA TORY 230 BURIAL CREMATION, REMOVAL 236 DATE Hempfield, PENNA STATE 01/20/79 Westmoreland Memorial Burial 24 FUR POPERTER A. Pumphrey Funeral Homes. DHMH - 16 50M 7/77 7557 Wisconsin Ave., Bethesda, MD (VR A 15 (4))

18-01848 Walter Committee of the A PART OF THE PROPERTY OF THE evino solvis film . A. absorpt errors and banfurs TIN to 2001 . 19740 . HOVER 10829-21-155-College and Introduce Som Page of the Date of the College of the C Frankland "Bast Value". I The second of the

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| W -1 2 W - 5 | | PE OR PRINT) | C. | K | AY | | CHACC | NAC | | | OF DEATH | | D YS'M | | 26 HOUR |
| EASI TTOR FILES OUR | 3. SE | X | 4. RACE | 5. DATE OF BIRTI | | 6. AGE (IN YEA | | | IF UNDER 2 | 4 HRS 2 | c. DATE | MAILU | MONTH | DAY YEAR | A . A |
| PLONE I | F | emale | White | July 8,1 | | 64 YR | HTMOM (Y) | | | | RONOUN | CED | Jan. | 25, 79 | 4P % |
| E FUNERAL DIRECTOR. S FOR YOUR FILES. D. WITHIN 22 HOURS W. PRESTON STREET, | 7a. B | IRTHPLACE (5 DREIGN COUNTRY) D. C. | TATE OR | 76. CITIZEN OF V | | | | _ | ER MARRIEI | DXX | BALTIMO | | | NTY OF DEATH | |
| 2, AND 3 TO THE FU 3. RETAIN PAGE S 2 SHOULD BE FILED, V AL PECORDS, 301 W. | | ITY OR TOWN | OF DEATH | 11. NAME OF HO | OSPITAL, NUI | RSING HOME | | | | 12a. USUA | L OCCUP | ATION (| TYPE OF WORK | K 12b. KIND OF 8 | |
| E 800 | Ch | levy Cha | ase | 4701" Wh | Ilard | AVC . | | | 3 33 | Adm | ASS | HIGTIEE) | G.A.0 | OR INDUS | |
| Seconds Seconds | 13a. S | AL RESIDENCE STATE LTyland | (IF IN NURSING HOME COUN MONT | | 13c. CITY | BEFORE ADMISSION OR TOWN | -27 | 13d. INSIDE (IT | | | T ADDRES | | Ave | | |
| N. A. | _ | ATHER'S NAME | | MIDDLE | | LAST | | | R'S MAIDEN | | | DDLE | | 4467 | |
| 150 | L | ouis | | MIDDLE | | ONAS | 100 | | ary | | MIL | DDIE | | Skinde | 8 |
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| WITH FORM PM 3. | | 18. CAUSE O | F DEATH (Enter on ATH WAS CAUSE | ly one couse per lin | ne for (o), (b) |), and (c).) | | | | | 0 | | | APPROXIMA BETWEEN ONS | TE INTERVAL ET AND DEATH |
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| PRIOR TO BURNAL, CREMATION, C | CERTIFICATION | 19a. DATE OF | OPERATION | 196. CONDITION FOR WHICH OPERATION WA | | | TION WAS PERFORMED? | | | | 20. AUTOPS | Y? | | | |
| BURIAL | Ī | 17500 | | | | | | | | | | | | YES 🗆 | NOXX |
| 3 | CAL CER | UNDERLYING | AL CAUSE WAS OR NG CAUSE OF I | HOUR A. | | DAY YEAR | 21c. HO | W INJURY (| OCCURRED | (ENTER NA | TURE OF INJU | JRY IN ITEM | 18 PART 1 OR | PART 2) | |
| 5 | MEDICAL | 21d. INJURY C | NOT WHILE C | | OF INJURY | | 21f. LOC | ATION REET | | | CITY OR TOW | /N | | YINDO | STATE |
| E ST. | | 22a. I certi | fy that I took charg | ge of the remoins d | escribed obo | ve, held an | Autops | y . | Inspection | X. | Inquiry | V. | and in my | apinian | |
| D T A | | deoth result | | rol causes X, | Accident | | cide . | Homicia | | | mined mor | |]. | 3.0 | |
| TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 PR | H. | | 1 | | 4 - | | | TITLE (SP | District Co. | | | 100 | | | |
| Ľ × | | SIGNATURE. | Jo | fm 3. 0. | John | | M. | De 1 | アレナリ | MEDIC | AL EXAMI | INER | DATE | NED Jan 2 | 5,1979 |
| DEA | | EXAMINER'S | NAME | | | | | C. 146 | | | | | | | |
| 30 | 100 | (TYPE OR PRI | NT) Joh | n G. Bal | | | | | | | | town | Rd., | Bethesda | Md. |
| 80 A | 23 a. B | SPECIFY) | TION, REMOVAL 2 | | | NAME OF CEM | | | | 23d. LOC | | | со | OUNTY | STATE |
| | 04.5 | | | 1/29/79 | | Line | | | | | rentw | | | | |
|) | 24. F | NAME | TOR Joseph Wisc. Ave | ADDRE | S SOME | P fac. | | 2 | 5a. DATE RE | CD. BY R | EGISTRAR | 23b. RE | GISTRAR'S | SIGNATURE | |
| 1 | | 2T26 | MISC. AVE | Now W | asn., | D | | | N. | MIN 6 | 1 13 | 13 | hosp | ray Acch | rooly |

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN DE MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-Chaimson Bronna 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE MARRIED NEVER MARRIED Montgomery WISCONSIN WIDOWED DIVORCED II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Cross Hospital 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME MIDDLE MIDDLE 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? TO BURIAL YES [NO PO B SHOULE DEPARTMENT PRIOR TO BURIL CERT 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection D 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted fram: Natural causes Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATU EXAMINER'S NAME YPE OR PRINT) ADDRESS. 23d. LOCATION 250. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 15M 7/76

79-01948

68B WISCONSIN HOUSE WIFE CAN HOME German SARAH - TALMAN 21107 ЗАР 24-4114 Каппан Снетов Бев 13

CHEMINER PSEPPE PERBERHULDEN SURIAND DE 1/10 WILL CHANGES TO SHEET SHOWEN HIP FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01949

| 100 | REGISTRAR | | | | CEKITI | ICATE OF DEATH | REG. NO | | | |
|---------------|--|--------------------|-----------------|---|-------------------|--------------------------------|----------------------------|--------------|---------------------------------|-------------------|
| | CEASED NAME | FIRST | A | AIDDLE | L | AST | 20. DATE OF DEATH | | AY YEAR | 26 HOUR |
| (TIPE | OR PRINT) Fre | ederic | k Jo | ohn | Cl | naney | January 8 | 1979 | | 1:00PM |
| 3 SEX | X | | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIRT | | IF UNDER I YEAR | |
| 3 | Male | | Whi | te | Janu | ary 24, 1906 | 72 | YRS. | MONTHS DAYS | HOURS MIN |
| | RTHPLACE (STATE OR FO | | | WHAT COUNTRY? | 8 AA A D D IEI | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
| Ba | altimore M | | U.S. | | WIDOWE | D DIVORCED | Montgome | y Cou | nty | M |
| | ty or town of dea Olney | - 11 | (IF NOT IN SUC | HOSPITAL, NURSING HEACILITY, GIVE STREET A NETY GENEY | DDRE5S) | ospital | USUAL OCCUPATI | | 126 KIND C INDUSTRY COULT | F BUSINESS OR |
| 13a S | AL RESIDENCE (IF NURS TATE aryland | 13b. COUN Howa: | TY_ | GIVE RESIDENCE BEFORE LLA CITY OR TOWN ELLICOTT | City | 134 INSIDE CITY LIMITS? | 3429 Pierc | e Driv | re | |
| | ther's Name late Edwa | | NODLE | LAST | | late Anna | WE | | (A | ST |
| 160 W | VAS DECEASED EVER | IN U.S. ARA | MED FORCES? | 166 SOCIAL SECUE | | 17 INFORMANT | ADDRE | | | |
| 100 | Vo | (17 123, 0172 | WAR OR DATES) | 212 10 4 | 959 | Mrs Dorothy | Chaney 3429 | Piero | e Dr. | 21043 |
| | 18 CAUSE OF DEAT | H (Enter onl | y one couse per | line for (a), (b), and | ic | | | | BETWEEN | ONSET AND DEATH |
| | PART I. DEATH W | | E CAUSE (a) | acute | me | rocardial 1 | inaction | , | 3 / | daisi |
| | 1110 | | | | | | | -1-1- | | 0 |
| | Conditions, if any, | a detaile | DUE TO, OF | R AS A CONSEQUE | au. | arrens des | igarctur | | 14. | ~ |
| | gove rise to imm | nediote | (b) | Coco | | actery occi | ean. | | 3 | uiz, |
| | cause (a), stating underlying couse | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | |
| | cook | 1031 | (c) | | | | | | | |
| 7 | PART 2 OTHER SIGN | IFICANT C | ONDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | ITION GIVE | N IN PART 1 | 01 |
| ١٥ | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERA | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES | WERE FINDS | NGS USED |
| 臣 | | | | | | | YES TO NOTE | | ING CAUSES | NO [|
| E E | 210. ACCIDENT WAS UND | ERLYING | 21b. TIME O | | | 21¢ HOW INJURY OCCURR | | | | |
| | OR CONTRIBUTING | | | M. MONTH DA | | N. Carrier St. Carrier | | | | |
| MEDICAL | 1 IF EITHER, NOTIFY MEDIC | | 21e PLACE O | | 19 | 211 LOCATION | | | | 1111 |
| ME | WHILE MOT W | TILE [| | EET, FACTORY, OFFICE, FA | RM, ETC.) | STREET | CITY OR TOW | N | COUNTY | * STATE |
| - | AT WORK AT WO | | -11 3 | | | | | | 20 | |
| 000 | 220.1 certify that (1) | | A = | | 0 0 | un 5 19 79 | _, 10 <u>gan</u> | | | that (I) (we) los |
| | saw the decease obave, (1) (we) (a | lid) (did not | | ofter death | , on | d that in (my) (aur) apinion o | death accurred on the do | ite and hour | and from the | couses stated |
| | 226 SIGNATURE | IN SEC | | | | DEGREE | | | 22c, DATE | SIGNED |
| | 1 uous | acer | A. R | lioa, les | 0 | ATTENDING PHYSICIAN 6 | MEDICAL STAF | | 1- | 8-79 |
| | 22d. PHYSICIAN'S N | ME (TYPE OR | PRINT) | TI, THE RESERVE OF | - | 22e ADDRESS | | | | 13 1 1 |
| | MARG | ARE | T S. | CHOA | MD | 1111 Spi | ing St, S | ellier | 8pu | ing Hed |
| 23a B | URIAL CREMATION | | 23b. DATE | 23c. N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | 2 | 0910 |
| (5 | Burial | | Jan 11 | 1979 W | oodla | wn | Wood law | n. Rel | Lto. Me | ryl and |
| | INERAL DIRECTOR | | | | | 250. DATE | REC'D. BY REGISTRAR | 25b. REGIST | ARS SIGNA | Mas alla |
| Ha | rry H. Wit | zke 4 | 112 Col | umbia Rd | Ellic | ott City | IAN 1 1 1971 | } fr | Hry 1 | - Crusty |

DHMH - 16 50M 7/77 (VR A 15 (4))

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| Jan 184 | The seale territors | | | | |
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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01950

| | REGISTRAR | | CERTII | ICAIL OI DEATH | REG. N | D. | | |
|---------------|---|--|------------------|---------------------------------------|----------------------------------|---------------------------|-----------------|---------------|
| 1. (| DECEASED NAME FIRST | MIDDLE | l | AST | 2a. DATE OF DEATH | MONTH DAY | YEAR 26 HOUF | R |
| | SARAH | | CHE | RRNAY | January 7 | , 1979 | 10 | PAM |
| 3 5 | Town Ro | 4 RACE | 5. DATE C | DAY VELO | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UNDER | DAYS HOURS | 24 HRS MIN |
| | Female | White | June | 6, 1896 YEAR | 82 | YRS. | | |
| 6 | BIRTHPLACE (STATE OR FOREIGN COUNTRY). RUSSIA | U. S. A. | MARRIE WIDOWE | NEVERMARRIED DIVORCED | Montgomer | | ATH | 440 |
| 10 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME C | | 120 USUAL OCCUPATI | ON 126 1 | KIND OF BUSINES | SS OR |
| | ilver Spring | HOLY CROSS H | | | Merchant | F WORKING LIFE) INDI | etired | |
| M | | omery silver | Spring | 134 INSIDE CITY LIMITS? YES NO [| 13e STREET ADDRESS 1023 Deve | re Drive | | |
| 14. | FATHER'S NAME Max | MIDDLE Zeenko | | Rachel | WIDDLE | | nthony | |
| 160 | WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | | 17 INFORMANT | ADDRE | ŠS | | |
| | No | 097-03 | -4195 | Alvin Cherry | ay Sa | ne as No. | 13 | |
| CERTIFICATION | | DUE TO, OR AS A CONSE (C) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE | TO DEATH BUT | F; Neg | IN AL DISEASE OR CON | 20b. IF YES, WERE | FINDINGS USED | |
| - E | 210 ACCIDENT WAS UNDERLYING | 7 216 TIME OF INJURY | | Tal. HOW BUILDINGS | YES NO | IN CERTIFYING C | NO 🗌 | |
| | OR CONTRIBUTION TO CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCURE | RED ENTER NATURE OF INJUI | Y IN ITEM 18, PART 1 OR P | ART 2) | |
| MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 210. PLACE OF HOJURY (AT HOME, STREET, FACTORY, OFF | | 21f. LOCATION STREET | CITY OR TOV | N COUN | NTY STA | ATE |
| | 220 I certify that (1) (this hasp sow the deceased alive as | attended the deceased from 7 | Com Co | 7 , 19 ond that in my (our) opinion (| , to death occurred on the do | ote and hour and fro | , that () (w | |
| | 126 SIGNATURE | hanly | W | | DIRECTOR PHYSIC | F 4 | -8-29 | |
| | Charles Frank | | | 11200 Lockwo | od Drive, S | ilver Spr | ing, Md. | |
| 230 | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY tifiore Cemet | 23d. LOCATION CITY OF TOWN | n. I. T | Mour Van | ite uh |

232 Carroll Street, N. W. Washington, D. C. F. H. DATERECIPIENT POPULAR 256 REGISTRAP SECRETURE.

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detoched for use os the buriol-tronsit permit. Then please remove corbon pope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR:

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT. If Hem 21 is morked or Item 18 shows ony

FOR - STATE

STATE OF MARYLAND

Wheeler Funeral Home, Inc. Rockville,

79-01951

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| н | REGISTRAR | | | | CERTIFIC | ICATE OF DEATH | REG. NO | 1. | | MADE | |
|---|--|---|--------------------------------------|---------------------------------------|------------|--|---------------------------------------|--------------|---------------------|-----------------------|--------|
| 1 | 1. DECEASED NAME | FIRST | | MIDDLE | Ł | AST | 2a DATE OF DEATH | | DAY YEAR | 26 HOU | R |
| ı | (TYPE OR PRINT) | na Yi C | hia | | | | January | 24, | 1979 | 11: | A |
| ł | 3 SEX | | RACE | | 5. DATE C | F BIRTH | 6 AGE (IN YEARS LAST BIRTH | IDAY) | IF UNDER 1 YEAR | IF UNDER | 24 HR5 |
| ı | T1- | | Orien | +-7 1 | MONTH | | F.O. | | MONTHS DAYS | HOURS | MIN |
| ł | Female 76. BIRTHPLACE (STATE | ORFOREIGN | | WHAT COUNTRY? | 8 | 14 1919 | 9. BALTIMORE CITY OF | YRS. | Y OF DEATH | | - |
| 1 | COUNTRY) | ONTONEIGH | | | | NEVER MARRIED | Montgome | - | | | |
| 2 | Peru | DEATH | Peru | MOSDITAL NILIBSINI | WIDOWE | D DIVORCED DIVORCED | 126 USUAL OCCUPATION | | 126 KIND C | SE BLISTNIE | MD. |
| - | Rockvil | | (IF NOT IN SUC | rent ford | | | (TYPE OF WORK FOR MOST OF Housewij | WORKING | | T BUSINE | 33 OK |
| 5 | Maryland | 136 COUN | | 13c CITY OR TOW! | N | | 13e STREET ADDRESS 5201 Brer | ıtfor | rd Driv | е | |
| | 14 FATHER'S NAME | ART LE | NDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | 14 | ST | |
| 1 | Ezequ: | iel ^ | HOOLE | Yi | | Valentina | Middle | | Sanc | hez | |
| 1 | 160 WAS DECEASED | VER IN U.S. AR | AED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | 55 | | | |
| 4 | YES, NO OR UNKNOW | NO (IF YES, GIVE | WAR OR DATES) | None | | Sonia Bell | 5201 Bren | ntfor | rd Driv | е | |
| | 18 CAUSE OF I PART I. DE A | TH WAS CAUSE | y one couse per DBY ECAUSE (o) | Metastat | ic A | denocarcinom | a (4-78) | | 9 mo | nths | PEATH |
| 7 | | SIGNIFICANT C | ONDITIONS C | | DEATH BUT | NOT RELATED TO THE TERM | 20s. AUTOPSY? | 20b. IF YE | ES, WERE FINDI | NGS USEC S OF DEAT | TH? |
| | III III | | | | | Tal- How Killing occurs | YES NO | | res 🗌 | NO [| |
| 4 | | AS UNDERLYING CAUSE OF DEA | In . | .M. MONTH DA | YEAR | 21c. HOW INJURY OCCUR | KED (ENTER NATURE OF INJUR | Y IN HEM 18. | , PART I OR PART 2] | | |
| | OR CONTRIBUTING (IF EITHER, NOTIFY 21d INJURY OC WHILE AT WORK | CURRED NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | nN | COUNTY | ST | TATE |
| | | ot (I) (this hospi eceosed olive an we) (did) (did no | | ry 11 19 | Janu | ary 4 , 19.79 and that in (my) (our) opinion | , toannar death occurred on the do | - | | that (I) (s | |
| | 22b. SIGNATUR | | ull | Holt 7 | MA | | MEDICAL STAF | | 22c. DATE | SIGNED | |
| Ī | 22d. PHYSICIAN | S NAME (TYPE O | RPRINT) | | | 22e ADDRESS | | | | | |
| | Rich | ard W. | Holt, | M.D. | | 3800 Reser | voir Rd., | N.W. | Wash, | D.C | |
| | 23a. BURIAL, CREMAT | | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COLINITY | 51/ | ATE |
| | (SPECIFY) Bur | ial | 1/2 | 6/79 Ga | te of | Heaven Cem. | Silver | | | 1. | |
| | | | | | | | | | | | |

| | | | 3218 | <u>-</u> -\(\frac{1}{2} \) | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR L DECEASED NAME 20. DATE KNOWN OF ESTI-LTYPE OR PRINTS AGE (IN YEARS SEX 4 RACE F UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington WIDOWED _ DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) TRUCK DRIVER OTT. CO Ta STATE 13d INSIDE CITY LIMITS? YES D 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST MIDDLE FIRST EVERETT BRODERTCK CLARK 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577 32 8324A DOLORES C CLARK KOREAN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a DATE OF OPERAT 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURJAL, s m YES NO NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 211, LOCATION AT WORK AT WHILE STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion Hamicide Undetermined manner deoth resulted fram: Notural couses DIRECT TITLE (SPECIFY) EXECUTE PAGE 4 SHC. TO FUNERAL DI AFTER DEATH, VILLIMORE, M Silver Springs, Md. John G Rogers **ADDRESS** TYPE OR PRINT 231. NAME OF CEMETERY OR CALL 23d. LOCATION 730 BURIAL, CREMATION, REMOVAL 236. DATE Jan 29, 1979 Gate of Heaven Silver Springs Montgomery Md Burial 24. FUNERAL DIRECTOR **DHMH - 17** F. Gasch's Sons P A Hyattsville, Md. (VR A15 ME (5)) 15M 7/76

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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| | FOR STATE REGISTRAR | | | DEFA | | EALTH AND MENTAL HYC | 79 - | 013 | 953 | |
|------------------|--|--|--|--|-------------------------------|---|--|--|---|---|
| | DECEASED NAME | FIRST | , | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH | DAY YEAR 26 | HOUR |
| TYP | PE OR PRINT) | TIP | 1 | nau | CIC | ments | | 1-1 | 2-79 | 8 |
| 3 SE | EX G | 1 | RACE | my | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER I YEAR IF | UNDER 2 |
| | Femal | 0 | 1116 | ito | MONTH | H DAY YEAR | 61 | | MONTHS DAYS HO | SANC |
| 7a. E | BIRTHPLACE STATE ORF | OREIGN 71 | b. CITIZEN OF | WHAT COUNTR | RY? 8 | ary = | 9. BALTIMORE CITY O | R COUNTY | OFDEATH | |
| 11171 | shington | . DC | USA | | MARRIE | D A REVER MARRIED D | mont | OKD | 20011 | 34 |
| | CITY OR TOWN OF DE | , 00 | 1. NAME OF H | | SING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | ON ON | 126 KIND OF B | USINE |
| 71 7 | AKOMA P | K. | Washie | 19 ton | Adven | tist Hasp. | Housewife | F WORKING LIF | industry Own | ho |
| A 130 | STATE Maryland | Pr. | George | 130 CITY OF TO | iphi | 138 INSIDE CITY LIMITS? | 7919124th | . Ave | enue, | |
| 14 F | FATHER'S NAME | MI | IDDLE | Pier | ketts | 15 MOTHER'S MAIDEN NA | ME | | LAST | |
| 60 | Porter | | | | RXXXX | Grace | Model | | Sourw | ine |
| | WAS DECEASED EVER | | NED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | ADDRE | | | |
| Olis | no | no | | 579-4 | 8-7918 | Arthur E. | Clements- | husb | and-(sai | me3 |
| | 18 CAUSE OF DEAT | H (Enter only | one couse per | line for (a), (b), | and (c). | CO | | | APPROXIMAT BETWEEN ONS | E INTER |
| | PART I. DEATH W | AS CAUSED | | Car | diog | enic Her | Th_ | | four | ho |
| | 42000 | HYSTYLE DIVINE | | DACA PANICE | OLIENICE OF | 21 | 7 ' // | | Tond | |
| | Conditions, if ony, which (b) DUE TO, OR AS ACONSEQUENCE OF The Hourt failure | | | | | | | | | |
| 1- | Conditions, if ony | . which | (b) | 00 | uger | me Honi | Tulin | 2 | 7 | |
| | gove rise to imi | mediote | (p) | Co | ugen | me Honi | Talin | _و_ | T | |
| | | mediate ng the | DUE TO, OI | R AS A CONSE | QUENCE OF | me Homi | Tulin | 2. | T | |
| | gove rise to improve couse (o), statis | mediate ng the lost. | (c) | R AS A CONSE | | NOT RELATED TO THE TERA | MINAL DISEASE OR CON | DITION GIV | VEN IN PART 1(0 | |
| NO | gove rise to improve couse (o), statis underlying couse | mediate ng the lost. | (c) | R AS A CONSE | | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIV | VEN IN PART 1(0 | |
| ATION | gove rise to improve (o), statist underlying couse | mediate and the lost. | onditions co | R AS A CONSE | Pauls | NOT RELATED TO THE TERM | MINAL DISEASE OR CONT | T20b. IF YES | S, WERE FINDINGS | SUSED |
| CIFICATION | gove rise to improve (a), static underlying couse PART 2. OTHER SIGN C. V. A. | mediate and the lost. | onditions co | R AS A CONSE | Pauls | is. | 20a AUTOPSY? | 20b. IF YES | S, WERE FINDINGS | DEATI |
| SERTIFICATION | gove rise to improve (a), static underlying couse PART 2. OTHER SIGN C. V. A. | mediate and the lost. | DINDITIONS CO | R AS A CONSECUTION FOR WHI | PALES CHOPERATION | is. | 200 AUTOPSY? | 20b. IF YES | S, WERE FINDINGS FYING CAUSES OF ES | S USED |
| DE CERTIFICATION | gove rise to improve to couse (0), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING | mediate 19 the 10st NIFICANT CO TION DERLYING CAUSE OF DEATH | 196. CONDI | R AS A CONSECUTION FOR WH | CH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES | S, WERE FINDINGS FYING CAUSES OF ES | DEATH |
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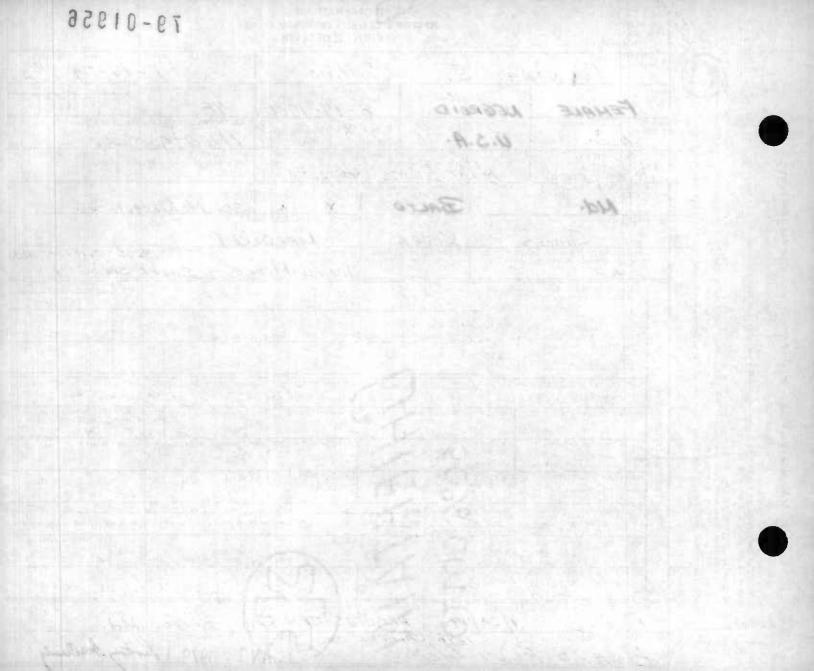
John Rogers, M.D. 1919 Seminary Rd., SilverSon ing.

BARRED SENSEL

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. N 2a. DATE OF DEATH I. DECEASED NAME MONTH 2h HOUR , poge 3 TYPE OR PRINTS JK January 9 1979 IF UNDER I YEAR 3. SEX 4 RACE AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 5. DATE OF BIRTH YEAR HOURS **BALTIMORE CITY OR COUNTY OF DEATH** In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) MARYLAND WIDOWEDIX DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR FI IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BLDG. INSPECTOR MONTG.CO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 130 CITY OR TOWN 13h COUNTY 134 INSIDE CITY LIMITS? 13e, STREET ADDRESS Hary OCKVIL lan. NO [A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE HENLEY MARY WILLIAM COLLINS Α. OLNEY, MD. ADDRESS 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 17703 LOCHNESS CR., 20832 218-07-1329 WM. A. COLLINS III YES WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Picular IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF terischeress Conditions, if ony, which gave rise to immediate (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 100 2 NOL YES | NO I YES 🗍 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PHYSIC (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22s. I certify that (I) (this hospital) ottended the deceased from saw the deceased alive on and that in (my) (our) ppinion death accurred on the date and haur and fram the couses stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNA DEGREE 22c. DATE SIGNED ATTENDING L MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANI BETHESDA, MD 22d. PMYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS ld b 23d. LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL COUNTY STATE 1-13-79 PARKLAWN MEMORTAL PARK ROCKVILLE MONTGOMERY MD. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROCKVILLE ADDRESS DHMH-16 20M Macrody PUMPHREY FUNERAL HOMES P/A (VRA 15, 4) 7/78 MD

STATE OF MARYLAND

STATE OF MARYLAND 79-01956 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT! 740 NONA 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTH5 DAYS HOURS 900 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [TOOMER WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION WE KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RO55 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING POME OR OTHER INSTITUTION, OVERESIDENCE BEFORE ADMISSION)
130. STATE 134 COUNTY 132. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS TSALTO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST 62 OGER 160 WAS DECEASED EVER IN U.S. ARMED FORCES 165 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) NO SILVER SPRING. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) physi PART I. DEATH WAS CAUSED BY 10 DAYS FAILURE IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF FOEND CARCINOMA OF STOMACH Conditions, if any, which MONTHS gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) HEART FAILURE CERTIFICATION I LANGESTIVE HROMBOCYTO PENIA 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Š 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ DECEMBER 11 JANUARY 16 sow the deceased plive on. , and that in (my) (Out) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (aid not view the bady after death IREC 22h SIGNATURE DEGREE 22c. DATE SIGNED 0 STAFF ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN should be de with the State IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ALACK OF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN BP BALTO 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))



| | 1. | FOR STATE | DEPARTMENT | STATE OF MARYLAND OF HEALTH AND MENTAL H | / 4 - | 01957 |
|--|-----------------------|---|--|---|---|---|
| | | REGISTRAR | MEDICAL EXAM | AINER'S CERTIFICATE O | REG. NO. | 01331 |
| ET, | | CEASED NAME FIRST PAU | 1 A. | Conlin | 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 1 | 13 19 79 15. HOUR |
| WITHIN HOURS | 3. SE | | 5. DATE OF BIRTH MONTH DAY YEAR Sept 23,07 | (IN YEARS IF UNDER 1 YR. IF UNDER 2 BIRTHDAY) MONTHS DAYS HOURS | 24 HRS. 26. DATE MONTH MIN PRONOUNCED DEAD Jan | DAY YEAR 2d HOUR |
| 58 | 7a. B | RTHPLACE (STATE OR DREIGH COUNTRY) | 76. CATIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIE WIDOWED DIVORCE | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| 10 | 1 | Bethesda | 11. NAME OF HOSPITAL, NURSING I I IF NOT IN SUCH FACILITY, GIVE STREET ADD Suburban Hospit | HOME, OR OTHER INSTITUTION RESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR INDUSTRY Magazine |
| 17 | USU, | TATE D.C. | | DMISSION) NO 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS St., N. | W |
| 0 | | Peter Peter | A. LAST Con | 15. MOTHER'S MAIDER FIRST Winifre | WIDDLE | McHugh |
| 3 | 16a. \ | VAS DECEASED EVER IN U.S. A (ES, NO, OR UNKNOWN) Yes WW | VE WAR OR DATES) | 24 | ghter ADDRESS , 10024 Kendale Rd. | , Petemac, Md |
| ON, OR REMOVAL. | | PART I DEATH WAS CAUS | ATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) | te Myour | rdiél Dis. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | NO | PART 2 OTHER SIGNIFICANT CONDITION | IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | E TERMINAL DISEASE OR CONDITION GIVEN IN PAR | Τ † (α). | |
| 2 | IIFICATI | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED? | | 20. AUTOPSY? YES NO DE |
| 3 | MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O | | YEAR 21c. HOW INJURY OCCURRED | O T TRAP 81 METI MI YRULMI PO BRUTAM RETME) | ART 2) |
| | MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 216 PLACE OF INJURY (ATHO | | CITY OR TOWN CO | DUNTY STATE |
| 10 | | 22a. I certify that I taak cha death resulted fram: Na: ACTUAL SIGNATURE EXAMINER: NAME (TYPE OR PRINT) | | Suicide , Hamicide , TITLE (SPECIFY) M.D. ADDRESS 1919 | Undetermined manner , | Jen131979 |
| AFTER DEATH, WITH TI BALTIMORE, MARYLAN | 23a.B | URIAL, CREMATION REMOVAL SPECIFY) Burial | 1/16/1979 Arling | | | |
| H - 17 ME (5)) 7/73 | 24. F | UNERAL DIRECTOR JOS | SEPH CANLER'S SON WISE AVE, IL W. WASH, D. | S INC. 250. DATER | EC'D BY REGISTRAR'S | SONE Unady |

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| | STATE OF MARYLAND |
|-----------|---|
| FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| STATE | |
| REGISTRAR | CERTIFICATE OF DEATH |

79-01958

| - STATE REGISTRAR | | | | CERTIF | CATE OF DEATH | REG, N | 0. | |
|---|---|--|------------------|-------------------|--|---|--|---------------------------------|
| 1. DECEASED NAME (TYPE OR PRINT) | Mabe: | 1 Tho | 4 | Con | land | 20 DATE OF DEATH | MONTH DAY YEA | R 2b HOUR |
| 3 SEX Female | | RACE White | | 5. DATE O | F BIRTH YEAR | 6 AGE (IN YEARS LAST BIR | | EAR IF UNDER 24 H |
| 70. BIRTHPLACE (STATE O | | CITIZEN OF WHA | T COUNTRY? | MARRIEE WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEAT | н |
| S.S. | EATH 11 | | | G HOME O | rother INSTITUTION rsing Home | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O US Gov | ION 12b. KIN DE WORKING LIFE) INDUS | ND OF BUSINESS |
| USUAL RESIDENCE (IFN 130 STATE Md. | URSING HOME OR OT 13b COUNTY Mont | HER INSTITUTION, GIVE | RESIDENCE BEFORE | ADMISSION) | 13d. INSIDE CITY LIMITS? | | ew Hampsl | hire Av |
| Roby S. | Thomas | DDLE | LAST | | Sarah Hol | MIDDLE | | LAST |
| 160. WAS DECEASED EV NYES, NO OR UNKNOWN) | ER IN U.S. ARME | AP OP DATES) | 79 40 | 1234 | 17 INFORMANT 103 Florence 7 | High Rock Johnson | (Sister) | nam, Mas |
| PART 2 OTHER S 190 DATE OF OPE 210 ACCIDENT WAS | GNIFICANT CO | | | | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN IN PAR 20b. IF YES, WERE FIN | NDINGS USED |
| 0.0.00.100.0110110 | | 21b. TIME OF IN. HOUR A.M. | | Y YEAR | 21c HOW INJURY OCCUR | YES NO RED (ENTER NATURE OF INJUI | YES 🗌 | NO 🗌 |
| (IF EITHER, NOTIFY ME 216 INJURY OCC | DICAL EXAMINER) | P.M. 21e. PLACE OF IN (AT HOME, STREET, F. | | 19 ARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | NN COUNTY | STATE |
| saw the dece | osed alive on | ottended the deciview the body after | 19 / | | d that in (my) (our) opinion DEGREE | deoth accurred an the d | 22c. D | that (I) (we) the couses stated |
| 22d. PHYSICIAN'S | NAME (TYPE OR PR | FUCH | 5 | | 220 ADDRESS 53/J | onneth | cut ave | Wood |
| 230. BURIAL, CREMATIO Cremation | | 23b. DATE 1/23/7 | | | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | Md. |

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

Hines/Rinaldi F.H. 11800 N.H. Ave. S. S. Md JAN 24 1979

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| . Johnson (Sister) | | | | |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR FIRST Gardner "Litvingston I. DECEASED NAME Cregger 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) -ardner Reappe 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Ma.le White July 31, 1910 68 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) Virginia MARRIED NEVER MARRIED USA montgomeRe 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Construction W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Mont. Germantown Frederick Road NO XX 20240 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Miller Cregger Minnie Fulcher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rockville, Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 226-30-3853 5108 Macon Road Ovella C. Avers APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) CAR DIOLETPIRATORE 5EUDA ŏ Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost DANDY-WALLER POTTERUM FUTCH CYTT & HIDROCELANAUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON buriol-transit p NO F 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a. I certify that (I) (this hospital) attended the deceased from, sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death 22b. SIGNATURE DEGREE * ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN old be deta the State 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WITCOME for. Ch.Ch. And TOPAK 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION Removal-Burial Feb. 5, 1979 Zion Cemetery Nebo Smyth Virginia 74 FUNERAL DIRECTOR Francis H. Barber Laytonsveile, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 20760 (VR A 15 (4))

79-01962 01/1/1 34040 Terri Li .mat. Haryland U.S. A. Loneracty Isrican Rear Fall galage r vil Figure 1 mail 7 The Art - condition 12:00 Addition (6-1-day) Sent the rest to the sent to t SHETAS - 81 TA HIND, 2000 WIND - - CATHER

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1. | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO. | | | | |
|-----------------------|--|--|--|--|--|--|---|--|--|-----------------------------------|---------------------------|------------|
| | PECEASED NAME | FIRST | ^ | MIDDLE | L/ | AST | 20 DATE OF | | DAY | YEAR | 26 HO | UR |
| | | | 2 | TUNE | Cur | MINCHAM | 1 3 | Jan | . 22 | 1979 | 6. | 55 p |
| 3. 5! | EX | | 4 RACE | | 5 DATE O | | 6 AGE (IN YE | ARS LAST BIRTHDAY) | IF UNI | DER I YEAR | IF UNDE | |
| | F. | | Cauce | | Jun | | 43 | YI | MONTH | 5 DAYS | HOUR5 | M |
| 7a. B | BIRTHPLACE ISTATE OR FO | DREIGN | | WHAT COUNTRY? | 2 8 | | - | RE CITY OR COU | | EATH | | _ |
| 1 ' | Virginia | 1 4 | U.S. | A. | | NEVER MARRIED | | | | | | |
| | CITY OR TOWN OF DEA | TH. | | | WIDOWEI | D DIVORCED X | | OCCUPATION | | KINDO | E BLISIN | IECC |
| 4 , | Patien la | | (IF NOT IN SUC | H FACILITY, GIVE STREET | T ADDRESS) | | | ployeed" | G LIFE) IN | DUSTRY | Tr. | 1230 |
| | Bethesda. | ING HOME OF | OTHER INSTITUTION | CIVE DESIDENCE BEECH | tosputa | 1. | 1011 2111 | projeca | | 200 | 3. | |
| 130. | STATE | 136 COUN | ITY | 13c CITY OR TOV | | 134 INSIDE CITY LIMITS? | 13e STREET | ADDRESS | | | - | , |
| - | WD. | Mon | Topmen | Betveso | da | YES NO | | 9.215 | box | don | Road | d |
| 14. F | FATHER'S NAME Edward | | MIDDLE 2 | • ¬ ¬ • LAST | 1 | 15 MOTHER'S MAIDEN NA | | AIDDLE . | | D . IAS | 1 | |
| 1 | Lawara | | Pr | illiman | | KK E | va | Märie | | Rice | 3 | |
| | WAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECT | | 17 INFORMANT | | 73825° C | oltor | Lar | ie. | |
| | No | (11 763, 0176 | Tran On Dailes) | Unkno | WIL | Vayne H. Pri | lliman | Manassa | | | | |
| | 18 CAUSE OF DEATH | H Enter on | ly one cours per | line for (n) (h) or | nd (c | | | | | APPROXU | | RV/ |
| | Conditions, if any, gove rise to imm couse to storin underlying couse | which nediate g the lost. | DUE TO, OF | R, AS A CONSEQU MACA R AS A CONSEQU | JENCE OF | ma dis | entain | nina | 4 | l | rli. | 7 |
| CATION | Conditions, if any, gove rise to imm couse to storin underlying couse | which nediate g the lost. | DUE TO, OF DUE TO, OR (c) | R. AS A CONSEOU R. AS A CONSEOU DITRIBUTING TO | DEATH BUT I | MAS PERFORMED | entain | PSY? 206. IF | YES, WEI | E FINDIN | IGS USE | |
| TIFICATION | Conditions, if any, gove rise to imm couse to storin underlying couse | which nediate g the lost. | DUE TO, OF DUE TO, OR (c) | R. AS A CONSEOU R. AS A CONSEOU DITRIBUTING TO | DEATH BUT I | intla p investi NOT RELATED TO THE TERM of | AINAL DISEASE | PSY? 206. IF | | E FINDIN | IGS USE | TH |
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nust be notified at ance.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MEI | | - | 9-01 | 965 | |
|----|---------------|--|--|--|-------------|------------------------------|--------------|--------------------|----------------------|--------------------------------|-------------------------|
| | | CEASED NAME FIRST | ۸ | AIDDLE | Dan | AST C | | 26 DATE OF DEA | | DAY YEAR | 26 HOUR |
| | 3. SE: | 1 1 2 1 1 1 | 4 RACE | | 5 DATE C | OF BIRTH | | 6 AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDER TYEAR | IF UNDER 24 HRS |
| 9 | | Male | Whi | te | MONTH 4 | | YEAR L909 | 69 | YRS | MONTHS DAYS | HOURS MIN. |
| | C | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 MARRIE | D X NEVER MAR | RRIED [| 9 BALTIMORE CI | | | |
| | | lyoming | USA | | WIDOWE | DI DIVO | RCED [| Montgom | | | MD. |
| 8 | Si | ilver Spring | Holy | OSPITAL, NURSIN HEACILITY, GIVE STREET A Cross Hos | spito | CR OTHER INSTITU | JTION | Oran Dist. M | | LIFE) 126. KIND (INDUSTRY FOOD | Ind. |
| 5 | 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 138 COUR Maryland Mont | other institution of the gomery | GIVE RESIDENCE BEFORE 130 CITY OR TOWN Silver S | 7 | 13d. INSIDE CITY YES X NO | LIMITS? | 3400 Pa | rker Cr | eek Lan | e |
| 1 | 14. FA | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S M | | AE MIDI | DIE | LA | 5.7 |
| 50 | | David - | - | Danie | els | Jar | | | | Ste | llars |
| 1 | 160 V | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | 3/1 | DDRESS OO Park | er Cree | k Tane |
| 1 | | NO | | 577-22-10 |)44 | Vernetta | a Dani | els. | | er Sprin | |
| | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) | nly one couse per D BY: TE CAUSE (0) | Resolve | fore | arr | : 5+ | | | APPRO) BETWEEN | ONSET AND DEATH |
| 8 | | Conditions, if any, which gove rise to immediate couse tot, stoting the underlying couse lost. | (b) | RAS A CONSEQUE RAS A CONSEQUE | reel | Vescus | en T | troul | 22.14 | 2 | ٤ |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | MITPIPLITING TO F | S C (| NOT BELATED TO | THE TERM | MAL DISEASE OF | CONDITION | IVEN IN PART | 47 |
| | NO | CARO CEA | 1 C n | 1 m | EAIN BUI | A LO DI | 5 Scl | | CONDITIONS | + A | Ø 1 |
| 7 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORM | V . | 200 AUTOPSY? | IN CERT | ES, WERE FINDI | NGS USED S OF DEATH? |
| 9 | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | M. MONTH DA | Y YEAR | 21c HOW INJUR | RY OCCURR | ED (ENTER NATURE O | F INJURY IN ITEM 18 | B, PART 1 OR PART 2) | |
| , | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | | | 211 LOCATION STREET | | CITY | OR YOWN | COUNTY | STATE |
| | | 22a.1 certify that (1) (this haspe sow the deceased alive an above, (1) (we) (did) (did no | 117/ | 79 19 | 5 | nd that in (my) (au | 19 | to 1 7 |) ij | | that (I) (we) last |
| | | 226 SIGNATURE | ~ be | whe | vo | | ENDING | MEDICAL PR | STAFF HYSICIAN [] | 224 DATE | SIGNED |
| 1 | | 224 PHYSICIAN'S NAME (TYPE O | RPAUT) | Pooke | | 22e. ADDRESS | 20 | Omn , | Ave | Kensu | nest |
| | 23o. B | BURIAL, CREMATION, REMOVAL | 2 DATE | 23c N | AME OF C | EMETERY OR CRE | MATORY | 23d. LOCATION | | COUNTY | STATE |
| | | Burial | 1/11/7 | 9 Par | rklaw | n Cemete | rv | Silver | | Mo. | Md. |
| | 24 FL | JNERAL DIRECTOR | | NeworHam | | | 25a. DATE | REC'D. BY REGIST | | STPAR'S SISONA | ARE DE |
| | H | ines/Rinaldi | Silve | r Spring | Md. | 20904 | JA | N 9 19/ | 3 12 | 77 | |

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| | 1 | STATE OF MARYLAND |
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| | 13- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 70 01966 |
| | 1' | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| | | CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 22. HOUR |
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| PLEASE ECTOR FILES HOURS | 3. SE | Note that the second se |
| PLE PLE PLO STR | 3 SE | MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS LYCURS WIN PRONCINCED |
| N S S O D IR | | 14 W Ani 15 17 6 YRS DEAD Jan 9 19 79 PM |
| CESSARY FOR YOUR THEN YOU | 70 B | RTHPLACE (STATE OR TO COUNTY OF WHAT COUNTRY? |
| | 5 | PENNA U.S.A WOOMED ON transcription |
| A ST PASS | 10. C | TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1726, USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS |
| DELAY IS N 3 TO THE EN W PAGE 5 0 BE FILED. | | TERESON CRETI |
| Y DE AIN AIN BERDS | | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BUT ORE ADMISSION) |
| 2. 21201 2. AND 3 TO SHOULD BE SHOULD BE CORDS. | | M& Mong. Tak Park YEST NO 108 Pag by Alve. |
| MD. 2 ATH. 1 S. 1, 2, PM. 3, 40, 2, 8 | 14. F | ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST |
| ORE, MI | K. | MERL L. DAVB NELLIE SAXTON |
| MORE, FORM SS 1 AN | 160 | VAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 15. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) |
| SIGHT SIGHT | | VAS DECEASE VER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 11. INFORMANT 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 18. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. INFORMANT 18. SOCIAL SECURITY NO. 1 |
| WIT WIT DIVI | | 18 CAUSE OF DEATH (Enter only one cause per line tos (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST. ST. | 10 | PARTIDEATH WAS CAUSED BY: |
| PRESTON ST. VITHIN 24 HC CIL IN ITEM 1 NER ALONG ANSIT PERMI MOVAL. | 15 | 13 / 3 - IMMEDIATE CAUSE (a) CONSEQUENCE OF |
| EST A FIN | | Conditions, if ony, which |
| W. PREST D WITHIN TENCIL IN TRANSIE TR | | gove rise to immediate (b) |
| OT W. PRE: UTED WITH N PENCIL I EXAMINER I AL-TRANS MENTAL N OR REMOV | | couse (o) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF |
| IDS, 301 W. PREST KKECUTED WITHIN 4G". IN PENCIL IN ICAL EXAMINER A BURIAL-TRANSIT AND MENTAL H ION, OR REMOVA | | (c) |
| EXECU JG" IN ICAL E AND AND | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). |
| RECORDS, ILD BE EXE PENDING** | Z | Nowe |
| ULD BE EVENDING BE FOUND BE FO | d È | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? |
| A LOUSING TAIL | CERTIFICATION | |
| MUSION OF VIT. CERTHICATE SH ITING THE WORR DED TO THE C 3 SHOULD BE I DEPARTMENT O PRIOR TO BURIAL | - 2 | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| FICATE THE WOLD BY STANKING BUILD BY STANKING TO BUILD BY STANKING TO BUILD BY STANKING TO BURN TO BUR | | UNDERLYING OR HOUR A.M. MONTH DAY YEAR |
| NO THE TO HOUSE | 1 5 | CONTRIBUTING CAUSE OF DEATH P.M. 19 |
| DIVISIO BINISIO RITING 1 REDED TO 3E 3 SHO FE DEPAR | MEDICAL | 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 211. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| = 5 7 0 F 5 | > | AT WORK AT WORK |
| | | |
| | | 220. I certify that I took charge of the remains described above, held an Autopsy L, Inspection L, Inquiry L, and in my opinion |
| EXAMINE CERTIFICA JID BE FO DIRECTON WITH THE | | death resulted from: Natural couses——————————————————————————————————— |
| L EXAM FE CERTI OULD E OUR H, WITH | | ACTUAL DATE TO 9 10 70 |
| A H T T Y | | SIGNATURE MEDICAL EXAMINER SIGNED > 7/9/9 |
| PE TIC | - | |
| TO MEDICAL E EXECUTE THE OPAGE 4 SHOUN TO FUNERAL I AFTER DEATH, | 60 | (TYPE OR PRINT)ADDRESS |
| TO TO AFTE | 23o. B | URIAL CREMATION REMOVAL 23h DATE 23r NAME OF CEMETERY OR CREMATORY 173d, LOCATION |
| 1701 | (| PER 10-2 MILET M. A LITTE CITY ORTOWN D. STATE COUNTY M. STATE |
| / BP | 74 F | UNERAL DIRECTOR 250. DATE REC'D. BY DE GISTRAR'S SIGNATURE |
| DHMH - 17 (VR A15 ME (5)) | | T 11 00 1000 000 000 100 100 1000 1000 |
| 15M 7/77 | - | Rem Funcil Home S/ Natter 25 Consultano 6 JAN 10 1313 |

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01967

| | | | | | | | REG. N | | | |
|---------------------------------|--|--|---|--|--|---|--|--|--|-----------------------------------|
| | DECEASED NAME |) FIRST | MIDDLI | | LAST | - | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| | | -corg | 1 RACE |) | UHV/ | > | 100 | | / /7 | 19:0 |
| 3 | Male | | White | , | July 9, 192 | | AGE (IN YEARS LAST OR | | MONTHS DAY | |
| 7 | & BIRTHPLACE (STATE | OR FOREIGN | 75 CITIZEN OF WHA | T COUNTRY? | | | BALTIMORE CITY | YRS OR COUNT | Y OF DEATH | -11 |
| 35 | Maryland | | U.S.A. | | MARRIED NEVER MA | ORCED | Montgo | mery (| County | |
| 28 | Silver S | ring | Holy Cr | COSS HOST | HOME OR OTHER INSTITUTES | NOITUI | USUAL OCCUPAT (TYPE OF WORK FOR MOST O Architect | ION OF WORKING LI | 126. KIND | OF BUSINES |
| 32 | JSUAL RESIDENCE (# 36 STATE Maryland | HURSING HOME OR | | residence before ad CITY OR TOWN Baltimore | 100 11 10 10 2 211 | Y LIMITS? | 30. SIREET ADDRESS 222 St P | aul S | t | |
| 30 | 4 FATHER'S NAME FIRST Geo: | | B D | avis | 15 MOTHER'S E | | WIDDLE | | uliand | LAST |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) FRANCIS 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAYS HOURS Caucasian 11 1925 Nov. To BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED A NEVER MARRIED COUNTRY ontaomery New York DIVORCED T H.S.A. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethesda Mitre Corp. MARYLAND 21201 Physicist burbah USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TSE COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 28 ORCHARD WAY NORTH Rockville YES T NO Maryland Montgomer 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST BERGER deDUFOUR LORETTA D. WILLITW MORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 119-20-2544 CAROL deDUFOUR (SAME AS 13e) YES WWI 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BALT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF DNONSVA Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF ATTROOSCIEVOSIS underlying cause ā. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 NO DON LEWSION CERTIFICAT 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOY YES T NO [21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2] 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK June 15 30 V2V 22a.1 certify that (1) (this haspital) attended the deceased from 9 sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS WISCONSIN AVE., BETHESDA, MD. 20014 STANLEY M. BIALEK 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE 1-31-79 ST. JOHN'S CEMETERY MD. BURIAL HYDES BALTO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. DATE REC'D. DHMH - 16 50M 7/77 ADDRESS MD. (VRA 15(4)) ROBERT A. PUMPHREY FUNERAL HOMES P/A

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH 25. HOUR TYPE OR PRINT) ANGUS 3 SEX . AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS O. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY GEORGIA DIVORCED O CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HEATING & VENTULATING ENG. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME DeVORE 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADELPHI. MARYLAND SON (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES ww 577-03-3965 DeVORE, 9200 EDWARDS WAY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ENSIVE MYOCARDIAL INFAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DOMINAL ADRICE AN CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated did (did not) view the body after death 22h SIGNAT DEGREE 22c DATE SIGNED MEDICAL should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ROCKVILLE PILE ROCKIN 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIEBURIAL STILVER SPRING 1/24/79 GATE OF HEAVEN 24 FUNERAL DIRECTOR FRANCIS J. COLLINGRESS DHMH - 16 50M 7/77 (VRA 15(4)) 500 UNIV.BLVD. W. SILVER SPRING.MD. 20901

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| ecuted within 24 ho campletely filled in ove carban papers. | (00 | Wash.D. | c. us | A | WIDOWED _ | DIVORCED _ | Montgomery | | Md. |
| fille pag | | CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL OF | R INSTITUTION (If not in h | nospital 120. USUA | L OCCUPATION (Kind of work do | ne 12b. KIND OF | BUSINESS OR |
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| and co | | FATHER'S NAME First | Mid | ldle Los | 1 1S. MO1 | THER'S MAIDEN NAME F | irst Middle | 3 | Lost |
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| sicia olea on | 160 | WAS DECEASED EVER IN U. | S. ARMED FORCES? es give war or dates of services. | 16b. SOCIAL SECUR | | | Addres | | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death are retained by the haspital or attending physician. IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral as should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and add with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death the state Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death the state Dept. | L | es, no, or unknown) (If y | | 577 01 | 0939 Em | ilie Doeh | rer Wiffame | as above | e |
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| equires that the physician signed by the burial-transit burial, crema | | lost. | (c | Cenepro | CONT | ical at | rpph | , | / |
| phy sign | Н | PART 2. OTHER SIGNIFICAL | NT CONDITIONS CON | TRIBUTING TO DEATH BU | T NOT RELATED TO THE | TERMINAL DISEASE ORC | ONDITION GIVEN IN PART 1(0) | | |
| w r ding een the r to | ĕ | | Cliro | WC by | proliti | | , | | |
| OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by e 3 should be detached for use as the burial-traned with the State Dept. of Health priar to burial, created with the State Dept. | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FO | OR WHICH OPERATION WA | S PERFORMED 2 | 20o. AUTOPSY? | 20b. IF YES, WERE FINDIN CAUSES OF DEATH? | GS CONSIDERED IN CE | RTIFYING |
| T to so to s | E E | 0) 000000000000000000000000000000000000 | | | | YES NO Z | | | |
| AN: dal all all dal dal dal dal dal dal dal | | | OF DEATH HOUR | ME OF INJURY A.M. Month Day Y | eor 21c. HOW IN | UURY OCCURRED (Enter | noture of injury in Port 1 or Por | ł 2, Item 18.) | |
| Signature Sprit Sp | MEDICAL | (If either, natify medical o | | P.M. | 19 | | | | |
| G PHYSIC the haspit this certi detached ie Dept. of | ~ | 21d. INJURY OCCURRED While Not while | 21e. PLACE OF INJ | OFFICE BUILDING, ETC. | , FACTORY.) 211. LOCATIO | ON Street or R.F.D. No. | City or Town | County | Stote |
| te de la te | | at work of work |) (1) 1 1 | | 1.6 | 10 | ala | 10 | (1) () () |
| DIN by be Sto | | 22a. I certify that (| od alive an | (13 | ased from and the | nt in (my) (our) oni | 7G4a 1-1P, nian death accurred an the | date and hour | and from the |
| ATTEN etained CTOR: A shauld ifh the | п | causes stated | ibave, (I) (we) | (di d) (did not) view t | he bady after death | h. | man deam accorred an me | , date and hadre | ma nam me |
| A ATTENI retained ECTOR: A 3 shauld with the | 13 | 22b. SIGNATURE | | | Λ | ATTENDING - A | ED. STAFF | 22c. DATE SIGNED | 20 |
| OR Direction of the state of th | | | l- 1 | 18091 W | DEGREE | | TED. STAFF IRECTOR PHYS. | 1-18: | 19 |
| TAL AL Page Page Pefil | | 22d. PHYSICIAN'S NAME (Type) | 110116 | Vacio: | 2. 1 | 22e. ADDRESS | 830 (Ami | ERON 9 | TREET |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR. After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to | - | <i></i> | MOCHE | VEIGE | K, MIV. | | SLUVER SE | RING, M | 1. 209 Ca |
| HO Treed hou | | BURIAL, CREMATION, | 23b. DATE | 23c. NAME | OF CEMETERY OR CREM | | 23d. LOCATION (City or Town) | (County) | (Stote) |
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medical examiner must be matified at ence DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar other traumatic event, the attending physicia should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, **BTO FUNERAL DIRECTOR: After this** retained by the haspital

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENT | | ENE 7 | 9 - 0 | 1972 | |
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| | | CEASED NAME ORPRINT) | FIRST | ۸ | MIDDLE | L | AST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
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79-01974 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH I. DECEASED NAME 7h HOUR (TYPE OR PRINT) DOWNER Judy Norena 1979 January 3:15A N 3 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY DAYS HOURS Female 1960 Caucasian Jan. 70. BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY Newfound land CANADA WIDOWED DIVORCED Montgomery IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda National Naval Medical Center Beautician DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13c CITY OR TOWN 13e STREET ADDRESS Newfoundland Norris Arm Box 4 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Piercy Blanche Bromwe ! ! Downer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Blanche Downer See Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Acute lymphocytic leukemia DUE TO OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK Jan. Jan. ZZ220.1 certify that ((this hospital) attended the deceased from and that in any) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive of Jan. 25 above, Milwel (did) (flid not) view the body attendenth 226. SIGNATE 22c DATE SIGNED DEGREE -ATTENDING MEDICAL STAFF Jan. 23 1979 DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) ld b Stephen Bohan, M.D. National Naval Medical Center, Bethesda, Md. 0 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL CREMATION REMOVAL 73h. DATE Gander, New foundland, Canada -26-79 Family Plot Burial 250. DATE REC'D BY RECYTEAN 256. REGISTRAR'S SIGNAL REC 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

ADDRESS

Metropolitan Funeral Service Alexander

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(VR A 15 (4))

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HYGIENE

79-01975

| 1 | '] | REGISTRAR | | CERTIFICAT | TE OF DEATH | REG. NO | 3 | | |
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| Ī | | CEASED NAME FIRST OR PRINT) | WIDDLE | LAST | KERNE CALL | | | DAY YEAR | 26 HOUR |
| 1 | 1.11. | Nich | _ | 201 | APPS | | 1- | 31-79 | 1110 AM |
| 3 | SEX | | 4. RACE | 5 DATE OF BIR | | 6 AGE (IN YEARS LAST BIRTH | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| L | | MALE | GREEK | 4 - | 3 -1878 | 100 | YRS | MONTHS DAYS | HOURS |
| 7 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | NEVER MARRIED | 9. BALTIMORE CITY OF | COUNTY | OF DEATH | 4 12 4 1 |
| | | GREECE | 4.5.11 | WIDOWED | DIVORCED [| MONTGO | ME | RY | MD. |
| T | 0 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI: (IF NOT IN SUCH FACILITY, GIVE STREE | | HER INSTITUTION | 120 USUAL OCCURATION | N | 12b. KIND O | F BUSINESS OR |
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| I | 4. FA | THER'S NAME | MIDDLE LAST | 15. M | OTHER'S MAIDEN NAM | | | ŁAS1 | |
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| I | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECT | | PORMANT | Q ADDRE | 5.1 | 1. | 1 |
| L | | (# 123, ON | No 578-49 | 8-35011 | 7 Ungelan | Macons | refe | 1/12e |) |
| F | | 18 CAUSE OF DEATH (Enter or | nly ane cause per line far (a), (b), a | nd (c) | | | 1 | BETWEEN | MATE INTERVAL |
| L | | PART I. DEATH WAS CAUSE | TE CAUSE (0) Gra | laton | culap | se | | | |
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| L | | gave rise to immediate | (b) | | | 1152110 | | | |
| ı | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | JENCE OF | | | | | |
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| ш. | - 1 | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | HOW INJURY OCCURRE | ED (ENTER NATURE OF INJUR | IN ITEM 18, P | ART 1 OR PART 2} | |
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| L | MEDICAL | 21d. INJURY OCCURRED | (AT HOME, STREET, FACTORY, OFFICE, | | LOCATION | CITY OR TOW | N | COUNTY | STATE |
| Г | ^ | AT WORK AT WORK | | | , | / | | | |
| l | | | ital) attended the deceased from. | | 19.78 | _, to | / | 19 73 , 1 | that (1) (we)last |
| ı | | sow the deceased plive on | Saturday 1/27 19_ | 3, ond the | t in (my) (aur) apinion de | eath occurred on the da | te and hou | r and from the | causes stated |
| П | | 22b. SIGNATURE | >> // | DEGR | EE | | | 22c DATE | SIGNED |
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| 1 | | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | 22e. | ADDRESS | an and an | 0/ | 0 | |
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79-01975 LAD COMMENT TO STATE AND STATE OF THE PARTY 579.49-201 A lughen Marcon Hotel (150-) Baril Land Walter The State of the Committee of the Commi

STATE OF MARYLAND 79-01976 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR C, ynch 4 RACE IF UNDER 24 HRS HOURS FEMALE JUNE 7, 1896 WHITE To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA U.S.A. MONTGOMERY WIDOWED V DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NURSING HOME 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) YES NO I 8213 QUEEN ANNES DRIVE MARYLAND 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME THOMAS JOSEPH LYNCH STUTHERS WINTFRED MARY 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ASTEVER SPRING, MD. DAUGHTER (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 213-74-6743 MARY D. DELANY, 803 DOWNS DRIVE APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ics PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [the burial-transit | and Mental Hygiel 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased olive an and that in (my) (our) apinian death accurred on the date and have and from the causes stated abave, (I) (we) (did) (did not) view the body ofter degth 22h SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL should be deta PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WILLIAM D. AUD 9006 COLESVILLE ROAD, SILVER SPRING. MD. 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL SILVER SPRING COUNTY 2/2/79 GATE OF HEAVEN 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. RECOSTRAD'S SIC MANAGEMENT FRANCIS J. COLLINS. DHMH - 16 50M 1/76 FEB (VR A 15 (4)) 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. 2a DATE OF DEATH 1 DECEASED NAME MIDDLE LAST MONTH DAY 2h HOUR (TYPE OR PRINT) Edward Dunner 1979 Tan 10151 M F ONDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male Cau Oct 1910 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED New York U. S. A. Montgomery WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Silver Spring Holy Cross Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13a. STATE 131 COUNTY 13. STREET ADDRESS 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Md. Mont. Silver Sprin 12906 Bluhill Rd 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST Fanny MIDDLE Darwin Dunner Max ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as No. 13 216-44-3084 Reichel Dunner WW 2 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (o), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES 🗍 YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (11)(this haspital) attended the deceased from saw the deceased alive an 1-23 obove (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN MPORTANT 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS th the SERNARD 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) West Pittston West Pittston, Luzerne. Burial 1/26/1979 Popula M. Stein Hebrew Memorial Funeral Home 232 Carroll Street. N. W., Washington, D. C. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01978 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS Delorus DUSIK Mae 1979 9:25A January 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS June 1912 Female Caucasian TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Montgomery CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Bethesda National Naval Medical Center Housewlfe Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Virginia Portsmouth 237 Plover Drive 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ballard Preston French Ollle Hughes 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Va. 23513 223-20-6946 Mrs. Goldie Milier 3500 Henrico St. Norfol APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Bacterial endocarditis, status post mitral PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a valve valvulectomy OR AS A CONSEQUENCE OF Hemorrhagic pneumonitis Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X YES IX NO F burial-transit p Item 18 sha 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE Dec. Jan. 220.1 certify that (IV(this haspital) attended the deceased from_ 79 and that in (dy (aur) apinian death accurred on the date and hour and from the causes stated sow the deceased alive an Jan abave. Ali (we) (did) dan for view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL ild be deta the State [Jan. 11,1979 DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS James K. O'Donnell, M.D. National Naval Medical Center, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 1/15/79 Burlal Green Lawn Memorial Portsmouth 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 RobT. A. Pumphrey Funeral Home, Bethesda, Md. (VR A 15 (4))

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BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-01979

| | | | | | | | | | REG NO | | | | |
|-----------------------|--|--|---|--|---|--|---|---|---|------------------------------------|---|--|------------------------------|
| | CEASED NAME | FIRST | | MIDDLE | L | AST | | 2a. DATE OF | DEATH / | MONTH | DAY | YEAR | 26 HOUR |
| | | hel | Warth | en | Duva | | | | Jan. | • | | | 7:10 |
| 3. SE | X | | RACE | | S DATE O | | VEAD | 6. AGE (IN YE) | ARS LAST BIRTH | HDAY) | MONTH | S OAYS | IF UNDER 2 |
| | Female | | Whit | e | Aug | . 23, | 1891 | 1 | 87 | YRS | | DATS | HOURS |
| | RTHPLACE (STATE OR F | OREIGN 7 | TO CITIZEN OF | WHAT COUNTRY | Y? 8 | TT | MARRIED | 9 BALTIMOR | E CITY O | R COUN | TYOFD | EATH | |
| | Maryland | | U.S. | A - | WIDOWE | | ONORCED T | | Mont | gome | ry (| 0. | |
| | TY OR TOWN OF DE | ATH 1 | 11. NAME OF | HOSPITAL NURS | ING HOME O | R OTHER IN | STITUTION | 12a USUAL C | CCUPATIO | ON | 12 | | F BUSINES |
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| | THER'S NAME | | | | | 15. MOTHER | S MAIDEN NAM | | | EAS | 100 | | |
| | Alfred | | C. | Warthe | | | Rebecca | đ. | Jane | | | Rabb | |
| | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SEC | | 17 INFORM | TANT | | ADDRE | 15 E | dgef | ield | Rd. |
| 1/ | No | | | 214-32- | -9932B | Mary | y Louise | Garlo | ck, B | ethe | sda. | Md. | 2001 |
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| 05 | REGISTRAR CERTIFICATE OF DEATH REG. NO. 1 9 - 1 | 11900 |
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| ê BIVIZ | 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER | |
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| a in de | 76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DE | ATH _ |
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| imone on and on an analysis of an analysis | No Type-So-O(3)A Dr. Kenneth Earle Silver Spring | . Md. |
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| 2 200 000 000 | 230. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY | STATE |
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| (VR A 15 (4)) | Anatomy Board 655 W. Balto. St. Balto., Md. | |

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2R DATE OF DEATH MONTH 1 DECEASED NAME 2b. HOUR poge 3 [TYPE OR PRINT] Jan. 26 197 2:35P 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTHS DAYS HOURS MONTH 1901 June **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED coulTilinois USA Montgomery WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17R USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT HOTY CTUSS THOSpital HOUSEWITE own home Sil. Spring USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Sil. Spring YES KX 13R STREET ADDRESS 1134 INSIDE CITY LIMITS? Maryland Montgomerv 1310 Cresthaven Drive IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE (unknown) Spain Franz Bassett ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 579-22-3310-A John S. Echols-husband-(same as no none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY vocar of al IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 122 1,23 1.25,1 Heart erlock CHOCK NOIX YES [NO [1.26.70 218. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC 21d. INJURY OCCURRED 211 LOCATION 21R PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on_ obove, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE Saries ATTENDING MEDICAL LUBBS PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 221 PHYSICIAN'S NAME ITYPE OR PRINTI 22R ADDRESS ld b Greenhelt Rd Callege Ph Kld 20740 K. SARIN RAJINDRA £ 0 23a. BURIAL, CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE STATE COUNTY Pr. Georges 29 - 79Burial Lincoln Brentwood RAP 356. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Pumphrey, DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

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NAME: Lester Eichner

DATE OF DEATH: January 5, 1979

PLACE OF DEATH: Montgomery County

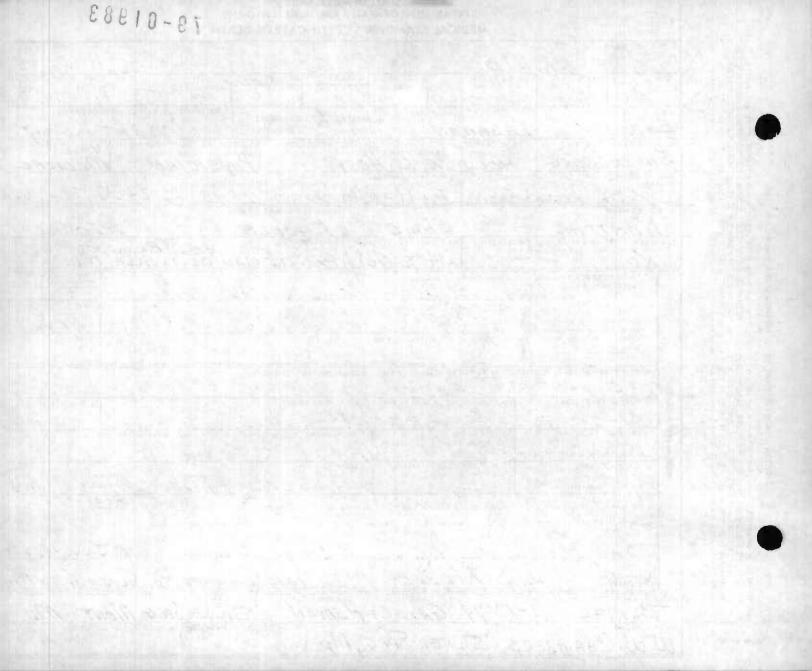
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February, 1979 Montgomery ounty



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN W MONTH YEAR (TYPE OR PRINT) OF ESTI-NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON, STREET, DEATH MATED 197 0 DATE D BIRTH 4 RACT 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH AST BIRTHDAY) MONTHS DAY YEAR PRONOUNCED DEAD 99 19 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED SOREIGN COUNTRY! EBANON EBAWON WIDOWED DIVORCED nev 12 KIND OF BUSINESS SHOULD BE FILED, B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY (IF NOT IN SUCH FACILITY, GIRDSTREET ADDRESS) EDICAL USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES TO 5 VI NO L OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE OURI 520 ELMWOOD RD. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 66 SOCIAL SECURITY NO USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION (AL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ELTSVILLE, APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? CHIEF 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CRRTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEARLY WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO D 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH STATE AT WORK AT WORK Me and in my apinian 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Natural causes death resulted fram: Suicide Hamicide Accident Undetermined manner TITLE (SPECIFY ACTUAL SIGNED 22 // SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 1919 (TYPE OR PKINT) 23d. LOCATION 23c, NAME OF CEMETERY BP 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 250. DATE RE DHMH - 17 CHAMBERS SILVER (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND



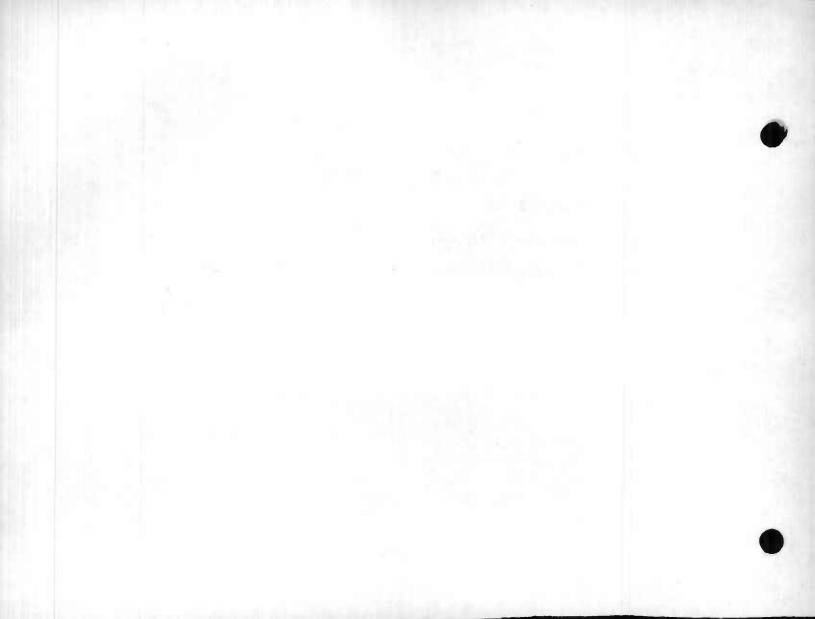
NAME: Oscar Noel Ethier

DATE OF DEATH: January 26, 1979

PLACE OF DEATH: Montgomery County

SEE: #79-04653

February, 1979 Montgomery County



STATE OF MARYLAND 79-01984 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Valuson 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS MONTH YEAR DAYS To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mi wast DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY to use - ide DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CITY OR TOW 13d INSIDE CITY HMITS? 13e STREET ADDRESS TO 24,TI 1 14 FATHER'S NAME MIDDLE MIDDLE Notlanon In WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 0 18 CAUSE OF DEATH (Enter only one cause per BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 266 IMMEDIATE CAUSE to 64 Conditions, if any, which gove rise to immediate couse loi, stoting underlying couse ONDITION GIVEN IN PART 1/a CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEATH? YES NO [21g. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL [IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from... sow the decease alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated Aid (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF be of PHYSICIAN DIRECTOR PHYSICIAN [22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) TAYUNA should b MPORT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BP. REGISTRAR 25h. REGISTRARS SIGNARY 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

| January 22, 1979 | 170 190 | | |
|--|---------------------------------------|--------------|----------|
| | | Gaucestan | |
| vyanana an tu | | alphis.c. | esinist. |
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| nstans), elemental | | | |
| MINISTER AND | and within | | |

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-01986

| | 1 - | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | 13-0 | , 50 | |
|-------|---------------|--|---|-----------------------------------|--|---------------------------------------|----------------------|---------------------------------|----------------------------------|
| | | EASED NAME FIRST | MIDDLE | L | ASI | | MONTH DAY | YEAR | 2b. HOUR |
| 1 | 1111 | Marie | Louise | F | abrizio | January | 30, 1 | 979 | 4:30 |
| 3. | SEX | | 4 RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIRT | | DER I YEAR | IF UNDER 24 HRS |
| | | Female | White | | ober 22,191 | | YRS. | | TIOOKS MIN. |
| 10 70 | | THPLACE (STATE OR FOREIGN UNTRY) | 76. CITIZEN OF WHAT COUN | MARRIE | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF | DEATH | |
| | AS | HINGTON D.C. | USA | WIDOWE | D DIVORCED | | gomery | | ٨ |
| 6 | | Bethesda | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE The Clinic | cal Cen | | 170 USUAL OCCUPATION OF THE HOUSEWIFE | | 26. KIND O NDUSTRY AT HOI | F BUSINESS C |
| 47 | 30 S | RESIDENCE (IF NURSING HOME OF | | E BEFORE ADMISSION) R TOWN ington | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS 2927 W S | treet | 20 S. | 0020 E |
| 14 | l. FA | HER'S NAME | | | 15. MOTHER'S MAIDEN NAM | ME | CICCO | | |
| 01 | | SPENCER | MIDDLE LAS | | BEATRICE | MIDDLE | | HA | |
| 0 16 | | AS DECEASED EVER IN U.S. AF | E WAR OR DATES! | SECURITY NO. | 17 INFORMANT | ADDRE | | | Mary N |
| 3 " | | NO NON | E 578 | -62-199 | 9 DR. RICHARI | D F. FABRIZ | IO SAME | C AS : | |
| | | 18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE | nly ane cause per line far (a), (| | | | | BETWEEN | MATE INTERVAL DISET AND DEATH |
| | | | TE CAUSE (0) Mali | gnant l | Melanoma | | | 6 | Month |
| | | 1129 | DUE TO, OR AFINA CON | SEQUENCE OF | lungs, ve | wtohwa as | ad Dage | | |
| -01 | | Canditions, if any, which | ((b) | ISCIC CO | Juligs, ver | rtebra, ar | id brain | III | |
| | | gave rise to immediate couse (0), stoting the | DUE TO, OR AS A CON | SEQUENCE OF | | | | | |
| | | underlying cause lost. | (c) | | | | | | |
| | NO. | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTIN | G TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | N PART 16 |) (|
| 7 | CERTIFICATION | 90 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WE | | |
| 1 | | | | | | YES NO | YES V | | NO [|
| 1 | E C | 210. ACCIDENT WAS UNDERLYING | | H DAY YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART I | OR PART 2) | |
| 1 | ¥ | OR CONTRIBUTING CAUSE OF DE. | AITI | 19 | N-SYLL IN | | | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | vn c | OUNTY | STATE |
| | | AT WORK AT WORK | | | | | | | |
| | | 220.1 certify that (IX)this hasp sow the deceased alive an above, Y (we) (did) (MAX) | tal) attended the deceased | from 22 Ja | nuary 19 /9 | | nuary,_ | | that (We) I |
| | | spw the deceased plive an above, \$\forall (we) (did) (\forall did) | view the body after death. | 19 <u>19</u> , or | nd that in $(\cancel{\mathbb{A}_{p}})$ (our) apinion o | death occurred on the de | te and hour and | from the | causes stated |
| | | 226 SIGNATURE | 20 | 1 | DEGREE | | | 22c. DATE | SIGNED |
| | | Zdwa | · d 4 mas | 1/800 | MO ATTENDING PHYSICIAN | MEDICAL STAI | IAN | 1/3 | 0/79 |
| 1 | × | 224 PHYSICIAN'S NAME (TYPE C | | | 22e ADDRESS The | Clinical | | . Na | tiona |
| 1 | | EDWARD | . BRADLEY | | Institutes | | | | |
| 2 | 3a. B | JRIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 236. LOCATION | COUR | | STATE |
| | BU | RIAL | 2/2/79 | MT. OLI | VET CEMETERY | WASHINGT | | VIT | D.C. |
| 2 | 4 FU | NERAL DIRECTOR | | | | E REC'D. BY REGISTRAR | 25b. REGISTRAR | | URE |
| | C. | P. KATAS 6160 | Oxon Hill Rd. | Oxon Hi | 17. Md. | EB 1 19/9 | people | ray // | Cresd |

director page 3

certificate has been signed by the attending physicion and completely filled in by the funeral virial-transit permit. Then please remave carban popers. Pages I and 2 should be filed within 72

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ige 4 may be

executed within 24 hours after

requires that the death certificate be

TTENDING PHYSICIAN The low

TO HOSPITAL

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-01987

| | REGISTRAR | | CERTIFI | CAIL OI DLA | • • • • | REG. NO |). | | |
|----------------|---|--|------------------------|------------------------|----------------------|--------------------------------|---------------------------------------|--------------------|----------------------------------|
| | CEASED NAME FIRST | MIDDLE | L | AST | | 20 DATE OF DEATH | YAO HTMON | YEAR | 7h HOUR |
| THE | RAYMOND | G | | FANNING | | | 1 30 | 79 | 823 |
| 3. SEX | | 4 RACE | 5. DATE O | | 6 | AGE HIN YEARS LAST ORTH | IDAY) IF U | NOER I YEAR | IF UNDER 24 HI |
| | m | CAUC | HTMOM | 16 | YEAR 23 | y- (| MON | THS DAYS | HOURS MI |
| 7a. BIF | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? | | | BALTIMORE CITY OF | YRS. | DEATH | |
| | WASHINGTON, D.C | · USA | MARRIEL | D NEVER MARK | | MONTG | | DEA | |
| 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVES HOLY CRU | | ROTHER INSTITUT | , | TYPE OF WORK FOR MOST OF | WORKING LIFE) | 126 KIND O | F BUSINESS |
| USU A 13a S | AL RESIDENCE IN NURSING HOME OR STATE 186 COUN MARY LAND CHAR | OTHER INSTITUTION, GIVE RESIDENCE TY LES WALDOT | BEFORE ADMISSION) TOWN | 134 INSIDE CITY L | IMITS? | RT 7, BOX | 42 + | | |
| I4 FA | THER'S NAME MICHAEL J | AMES FANN | ING | IS MOTHER'S MA | MARY | J., 1001E | | McDER | МОТТ |
| | VAS DECEASED EVER IN U.S. ARI | WAR OR DATES) | SECURITY NO. 0-8192 | 17 INFORMANT JEROME | BROT E W. F | HER ADDRES | | INGTO OY DR | |
| S-2- | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) IMMEDIAT | 5 OV | HONAR | _ | LURI | | | | MATE INTERVAL DINSET AND DEAT |
| | Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost. | DUE TO, OR AS A CONS | EQUENCE OF | PHIC K | ATEI | RAL SCLE | ROSIS | 10 | MO. |
| NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING | / | NOT RELATED TO | THE TERMIN | IAL DISEASE OR COND | ITION GIVEN | IN PART 1(c |) 1 |
| CERTIFICATION | 196 DATE OF OPERATION | 1% CONDITION FOR WI | HICH OPERATION | N WAS PERFORME | D | YES NO | 206. IF YES, W IN CERTIFYIN YES | ERE FINDING CAUSES | OF DEATH? |
| 0 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | THE OF INJURY HOUR A.M. MONTH | DAY YEAR | 21c HOW INJURY | Y OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18, PART | OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOW | N | COUNTY | STATE |
| | 226 1 certify that (II (this haspit sow the deceased alive on above, (I) (we) (end) (did no | VAN 30 | 19 <u>79</u> . on | | 9 78) opinion de | oth occorred on the do | te and hour on | d from the | |
| - | 22b. SIGNATURE | a Much | hi MI | PHYS | NDING | MEDICAL STAF | F IAN 🗆 | 22c. DATE | SIGNED 7 |
| | FRANCIS M | AYLEE / | | | | ISIN AVENUE | , ветне | SDA, | MARYLA |
| 23e B | BURIAL, CREMATION, REMOVAL SPECIFY) RUDTA | 23b. DATE 2/3/79 | MT. OLI | VET | MATORY | 234. LOCATION CITY OF LOWER | TON, 6. | C. | STATE |
| | | S J. COLLINGRES | .MD. 209 | 01 | 250. DATE | REC'D. BY REGISTRAR | PSb. REGISTRAF | 'S SIGNAT | URE |

DHMH-16 20M (VRA 15, 4) 7/78

| | 1. | FOR STATE REGISTRAR | | DEPARTI | MENT OF HEAL | MARYLAND TH AND MENTAL I TE OF DEATH | | 019879 | -01 | 30- | |
|--|---------------|--|---------------------------|-----------------------|---------------|--------------------------------------|-----------|--------------------------|-------------------|----------------|-----------------------------------|
| m.e | | CEASED NAME FIRST OR PRINT) | | MIDOLE | ŁAST | | 20. | | NONTH BA | Y YEAR | 26 HOUR |
| | | Wille | AM (| Ernes | TF | ARBAR | | | 1-27 | 7-79 | JOM |
| of the state of th | 3. SE | ale | 4 RACE Whi | te | 5. DATE OF BI | 4,1901 | 6. A | GE (IN YEARS LAST BIRT) | | UNDER I YEAR | HOURS MIN |
| 72 haun | C | RTHPLACE (STATE OR FOREIGN DUNTRY) irginia | 76 CITIZEN OF | WHAT COUNTRY? | | NEVER MARRIED | 9.8 | Mon too | R COUNTY C | F DEATH | |
| within 72 | | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | IG HOME OR O | THER INSTITUTION | | Montgo USUAL OCCUPATE | ON | 12b. KIND OF | MD. BUSINESS OR |
| by the | | S.S. | Washi | | dventis | st Ho a pi | tal I | Grocery | WORKING LIFE) | INDUSTRY | -Emp1. |
| should be | 130. 3 | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Md. Mon | VIY Y | 136 CITY OR TOW | N 13d | INSIDE CITY LIMITS | S? 13e. | STREET ADDRESS | H.Ave | | |
| omin of 2 | 14. FA | THER'S NAME Marcellus Fa | WIDOLE | tAST | | MOTHER'S MAIDEN | NAME | her | | LAST | |
| D | 16a. V | VAS DECEASED EVER IN U.S. AR | | 16b SOCIAL SECL | | Julia H. | ра | ADDRE: | SS | | |
| s. Pages | (| NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 577 48 | 3097 | Erma E. | Far: | rat. (Wif | e) Sa | | |
| physician npapers. maval. vent, the | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly one couse per DBY: | line for (a), (b), an | d (c1.) | | | | 5 1 | BETWEEN O | NSET AND DEATH |
| 00000 | | 1100 IMMEDIA | re Cause (0) | DRVI | NI IVE | TASTASI | 13 | | | 16 | |
| nave carb latian, ar t fraumatic | | Conditions, if ony, which | DUE TO, O | RAS A CONSEQUI | US MA | OF L | 11 11 | | | Com | . the |
| l, cremati ather tra | | gove rise to immediate couse (D), stating the underlying couse last | DUE TO, OI | R AS A CONSEQUI | | or n | 0 10 | | | - | |
| ple pria | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT NOT | RELATED TO THE T | TERMINAL | L DISEASE OR COND | ITION GIVEN | V IN PART 1(o | 1 |
| prior to bu any injury. | ATION | 19a DATE OF OPERATION | TIAN CONDI | TION FOR WHICH | OPERATION W | AS DEDECORMED | | On AUTOPSY? | TON IF YES | WERE FINDIN | GS LISED |
| w S | CERTIFICATION | THE DATE OF OFERATION | 176 CONDI | THOM TOR WITHER | OFERATION W | A3 FERI ORMED | | YES NO | | ING CAUSES | |
| £ 8 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | M. MONTH D. | AY YEAR | . HOW INJURY OCC | CURRED | (ENTER NATURE OF INJUR | Y IN ITEM 18, PAR | T 1 OR PART 2) | |
| TOTAL | MEDICAL | (IFEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE [| 21e. PLACE | | | LOC ATION STREET | | CITY OR TOW | N | COUNTY | STATE |
| alth one marked | | WHILE NOT WHILE AT WORK 220-1 certify that (1) (this haspi | and the second second | | () | 1 10 1 | 101 | . 1/2 | . 10 | na . | |
| of He 21 is | | sow the deceased alive on above. (1) (we) (did) (did no | 4 47 | | 19 , and th | ot in (my) (our) opin | nion deat | h occurred on the do | te and hour a | | hat (I) (we) last ouses stated |
| Dept f Hem | | 226. SIGNATURE | | | DEG | | | | - | 22c. DATE S | IGNED |
| detac late D | | 11/1 | 1 2 | 76 | in | PHISICIAN | N DI M | RECTOR PHYSIC | IAN | 1/2 | 31119 |
| should be deto with the State I IMPORTANT: # | | 22d PHYSICIAN SNAME (TYPE O | PRINT) B | ENCE | 220 | ADDRESS MGOOC | ARE | OH ALE | TAKON | in Dr. | VI |
| ₹ ¾ ₹ | 230. [| BURIAL, CREMATION, REMOVAL BURIAL | 23b. DATE 1/31 | | | TERY OR CREMATO | ORY 2 | Burtonsv | ille " | Mönt. | Md. |
| 50M7/77 | 24 F | JNERAL DIRECTOR | | 470000 | | 25o. | | C'D. BY REGISTRAR | 756. REGISTRA | AR'S SIGNATU | IRE |
| 15 (4)) | H | ines/Rinaldi | F.H.1 | 1800 N. | H.Ave. | S.S.Md. | \$FB | 1 13/9 | proper | my/xel | ready |

| White Sov. 1901 77 Sirginia USA Signification Advention Despital Encery Salf-Empths. Marcellus Farrar Julia H. Rabor No 577 48 3097 Frma E. Farrafi (Mife) Same as and | USA Montage Hospital Crocery Self-E ont. S.S. X 15801 N.H.Ave. Parrar Julia H. Ruber 577 48 3097 Frna E. Farraf! (Wife) Same no a | ALCOHOLOGICAL CONTRACTOR CONTRACT |
|--|--|--|
| S. S. Manitogton Adventist Hospital Grocery Self-Emp Hd. Mont. S.S. X 15801 H.H.Ave. Marcellus Farrar Julia H. Ruber So 577 48 3097 Erpa E. Farrafi (Mife) Same us coo | USA Montage Hospital Crocery Self-E ont. S.S. X 15801 N.H.Ave. Parrar Julia H. Ruber 577 48 3097 Frna E. Farraf! (Wife) Same no a | |
| S. S. Manitogton Adventist Hospital Grocery Self-Emp Hd. Mont. S.S. X 15801 H.H.Ave. Marcellus Farrar Julia H. Ruber So 577 48 3097 Erpa E. Farrafi (Mife) Same us coo | USA Montage Hospital Crocery Self-E ont. S.S. X 15801 N.H.Ave. Parrar Julia H. Ruber 577 48 3097 Frna E. Farraf! (Wife) Same no a | |
| Nontgomery S. S. Kashington Adventist Hospital Greeny Self-Eng- Hä. Mont. S.S. X 15601 H.U.Ave. Marcellus Ferrar Julia H. Raben No 577 48 3097 Erna E. Farrafi (Mile) Same as and | USA Washington Adventist Hospitch Crocery Sal. X 15801 H.H.Ave. Sarrar Julia H. Haber 577 48 3097 Frna E. Farrafi (Mife) Same as a | 9.11.0 |
| Md. Mont. S.S. X 15801 H.H.Ave. Marcellus Farrar Julia B. Haber No 577 48 3097 Frma E. Farraf! (Mise) Same as ano | Farrar Julia M. Mubeu 577 48 3097 Srna E. Farraf! (Mife) Same ns . | Binipail |
| Marcellus Ferrar Julia H. Raber So 577 48 3097 Fra E. Farrafi (Mile) Same us acc | Parrar Julia H. Haber 577 48 3097 Frna E. Parrafi (Wife) Same no a | |
| No 577 48 3097 Sr.a I. Farra(1(Mile) Same no abo | 577 48 3097 Fra I. Farraf! (Mife) Same no s | Md. |
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| | 1/31/79 Union Cometery Burtonsville Nont. II | Burial |

Hines/Sinaldi T.H.11800 M.H.Ave.2.5.Md. 111 1879

STATE OF MARYLAND

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injury, or other troumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

| 1 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 19-U | NO 3 | 0 | |
|---------------|---|-------------------------|---------------------|-------------------------|---------------------------|---|---|---|-------------------------|----------------------------------|
| | CEASED NAME | FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| (iver | OK PRINT) | Rosal | ind | R. | Fe | gley | January | 1, | 1979 | 10:05 |
| 3. SE | x | 4 | RACE | | S. DATE C | | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| F | emale | | Caucas | sian | MOI | 0/2671891 | 87 | YRS | MONTHS DAYS | HOURS MIN |
| 7a. B1 | RTHPLACE STATE OR | OREIGN 7 | CITIZEN OF | WHAT COUNTRY? | 8 | D XX NEVER MARRIED | 9 BALTIMORE CITY | | | |
| V | lew York | | U.S. | Α. | WIDOWE | | Montgo | mery | County | MD |
| | TY OR TOWN OF DE | | 1. NAME OF H | HOSPITAL, NURSIN | IG HOME C | or other institution alth Care Ct | 12a USUAL OCCUPA (TYPE OF WORK FOR MOS | | 126. KIND C INDUSTRY | E BLISINIESS OF |
| | AL RESIDENCE (IF NUR | - | | | | Ten care ce | r. mouse | JHIL | 110 | o nic |
| Ma | ryland | Mont | gomery | Chevy | Chas | 138 INSIDE CITY LIMITS? | 3 East | Lenc | x Stre | et |
| 14. FA | Harry | MI | DDIE K | unemänn | | Josephine | | | Rinto | 1 |
| 60 V | VAS DECEASED EVER | | | 165. SOCIAL SECU | | 17 INFORMANT | ADI | PRES 0 4 | Underc | liff Ct |
| (1 | ES, NO NEWKHOWN) | (IF YES, GIVE V | VAR OR DATES | NONE | | William H. | Fegley, | Ride | ewood. | N.J. |
| | 18 CAUSE OF DEAT | H (Enter only | one couse per | line for (a), (b), one | dic | | | | APPROX | MATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH V | VAS CAUSED IMMEDIATE | | STROK | 6 | | | | | HOUR |
| | 421- | MANAGORALE | | R AS A CONSEQUE | | | | | | |
| | Canditions, if any | which | | | | one cerebi | longer collaboration | 7 | · YE | ARS |
| | gove rise to im | mediate | | | | or, - Coppi | -002500-1 | - 1)1 | 3 10 | N-3 |
| | couse (a), stati | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | |
| | DART 2 OTHER CIO | NUE CANTAGO | (c) | ALITAIDUTING TO | DE ATU BUT | NOT RELATED TO THE TERMI | | | | |
| N | PART 2 OTHER SIG | MIFICANT | ONDITIONS <u>CC</u> | NINIBUTING TO L | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CC | MOITION | SIVEN IN PART II | 0) |
| CERTIFICATION | 19a DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH | H OPERATION WAS PERFORMED | | 20a AUTOPSY? | 120b. IF | YES, WERE FIND II | NGS USED |
| FIC | | | | | | | YES T NO | IN CERTIFYING CAUSES OF DEATH? | | |
| ERT | 21g. ACCIDENT WAS UN | DERLYING | 21b. TIME O | F INJURY | | 21c HOW INJURY OCCURR | | | R PART LOR PART 2) | NO 🗌 |
| | OR CONTRIBUTING | CAUSE OF DEATH | HOUR A. | M. MONTH DA | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0,7741,704,744,27 | |
| MEDICAL | (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR | | P./ 21e. PLACE (| | 19 | 211 LOCATION | | | | |
| ME | WHILE NOT W | CATHO | | EET, FACTORY, OFFICE, F | ARM, ETC.] | STREET | CITY OR 1 | COUNTY | COUNTY STATE | |
| | 270.1 certify that (I) (the baspital) attended the deceased from 1977, to TAN 1, 1979, th | | | | | | | | | |
| | enw the decens | ad alive an | DEC | 19 10 . | 78 | nd that in (my) (<u>our)</u> opinion o | , to | data and b | , 19 7 7 , | that (I) (out) lost |
| | obove, (I) | dud) (did not) | view the body | ofter death. | | | seath accurred on the | aore ana r | | |
| | 226. SIGNATURE | . 0 | D | . 11. | | MAN ATTENDING PHYSICIAN | | AFF | 1/1/ | |
| | 22d PHYSICIAN'S N | AME LIVE OR | PRINTI | entru | you ! | PHYSICIAN 220 ADDRESS | QIRECTOR PHY | SICIAN [| 1-1-1 | |
| | Danie1 | | | M.D. | | | cticut A | ve.K | ensingt | on, MD |
| 23a. B | URIAL, CREMATION | REMOVAL | 23b. DATE | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
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| | | A. P11 | mphre | y Funera | 1 Ho | mes D ASO. DATE | REC'D. BY REGISTRA | AR 25b. REG | STRAR'S SIGNAT | URE |
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| 0 | | | 1 - | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | 19-0 | 1991 |
|--------------------------------|--|-----|---------------|--|---|--|--|------------------------------------|
| | | | 1 DE | CEASED NAME FIRST | MIDDLE | LAST | REG NO. 20. DATE OF DEATH MONTH | DAY YEAR 2b HOUR |
| | nay be page 3 | Н | | JULIA | | FENNEL | JANUARY 11, | 1979 2:18 |
| | 4 | | 3 SE | FEMALE | NHITE. | 5 DATE OF BIRTH MONTH DAY YEAR OCT. 23. 1916 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 | h. Poge of direct 2 hours | N. | 7a BI | | b. CITIZEN OF WHAT COUNTRY | | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| • | Juneral Infrin 724 | 10 | - | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | WIDOWED DIVORCED DIVORCED DIVORCED | MONTGINE 120 USUAL OCCUPATION | MD. |
| 201 | by the filed will be notified | 71 | Ta | COMA PARIC | NA SHINGTON A | DVENTIST HOSPITAL | ALGEO. CO PUBLIC SC | HEL CAFETERIA |
| MARYIAND 2120 | hin 24 hau ily filled in should be | 37 | 13a S | AL RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNTY) | OTHER INSTITUTION, GIVE RESIDENCE BEFO 130 CITY OR TOV FO | | 13e STREET ADDRESS 4/6 CIRCLE | 1/5/1/6 |
| ARYIA | within pletely nd 2 sho | 11. | _ | THER'S NAME FIRST M | IDDLE LAST | 15 MOTHER'S MAIDEN NA | | LAST |
| A A | ecuted w d comple es 1 and | - | | CLAUDE VAS DECEASED EVER IN U.S. ARM | | URITY NO. 17 INFORMANT | ADDRESS | 1 |
| RAITIMORE | be exection and construction and constructions in the construction of the construction | d | () | ES, NO OF UNKNOWN) (IF YES, GIVE Y | 579-07- | 3758 JOHN. W. FEN | WEL 416 CIA | PCLE AVE T.P |
| PRESTON ST RAI | g ph onp | | | 18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED / 5 3 7 Canditions, if any, which | CAUSE (a) | Trus ettienes | 1 | BFWCEN ONST AND DEATH Zweeks /// |
| 3 | of the cree | | | gave rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQU | COMPANDED L | | IVEN IN PART 1 (a) |
| ORDS | v require een sign tit Then rior to bu | | CERTIFICATION | 19a. DATE OF OPERATION | | OPERATION WAS PERFORMED | | ES, WERE FINDINGS USED |
| AL REC | The law cian. te has b isit perm giene pr | 2 | RTIFIC | | | | YES NO | FYING CAUSES OF DEATH? |
| OF VIT | SICIAN: T ng physici certificate ririal-transi ental Hygis frem 18 sh | 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH D | AY YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 | , PART 1 OR PART 2 |
| DIVISION OF VITAL RECORDS, 201 | G PHYS offending er this of sthe bur and Me | | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 211. LOCATION | CITY OR TOWN | COUNTY STATE |
| ā | ENDI fal al or use if Heal | | | 220 1 certify that (1) (this hospite | ottended the deceased from | Feb 27 19 78 | deoth occurred on the date and ho | 19 29, that (I) (we) lost |
| | AL OR ATT the hospital AL DiRECTO detached for offe Dept. of | | | 22b. SIGNATURE | view the bady after death. | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | 220 DATE SIGNED |
| | TO HOSPITAL (TO HOSPITAL 1) TO FUNERAL I should be detented with the Store I MPORTANT; If | | | 22d, PHYSICIAN'S NAME (TYPE OR LEWIS | DENNIS, M.D. | 831 Clarives du | Blook & Se | 1 Sog 60 20903 |
| 3 | 202° | | 23a. B | URIAL, CREMATION, REMOVAL PECIFY PULL PECIFY PULL PECIFY PULL PECIFY PECIFY PULL PECIFY PECI | 23b. DATE 23c. | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITYORTON | By Mil |
| | DHMH - 16 50M 1/76 (VR A 15 (4)) | | 24 FL | NAME LONG FUT THE | A Walter W | CARROLL St. D.W. 32012 | REC'D. BY REGISTRAR 256. REGIS | STRAR'S SIGNATURE |

79-01991 113 - 12 Sept Town that I will critical financial CALLED TRANSPORT AVENT THE STAND AND SHARE IN NOT EVER SHEET The state of the contract of the state of th PORT IN THE PERSON NAMED OF THE PERSON NAMED IN Market Control of the The total the said from the said the sa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-01993 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR W. (Type or print) Fisher Month 18 Doy 79 12:40 A Richard 4. RACE 3. SEX S DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years Male lost birthday) DAYS HOURS White Apr. 8, 1906 72 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) New York Montgomery U.S.A. WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY TIMES A. Messer Co. 12o. USUAL OCCUPATION (Kind of work done give street oddress) during most of working life, even if retired.)
Co-Owner BALTIMORE, MARYLAND 21201 Olney hau Brooke Grove Nursing Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY HMITS? 13e. STREET AND NUMBER 13b. COUNTY Maryland YES 🗔 NO [5418 Grove Mont. Chevy Chase 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Martin B. Fisher Florence Newburn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Daughter. (Yes no or unknown) [If yes give war or dates of service] Gail Mentges, 1014 Ashton Rd., Ashton, Md. 225-05-1846 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PRESTON STREET, DYG 10x0 ma IMMEDIATE CAUSE (o) DUE TO, OR AS CONSEQUENCE OF Conditions, if any, which gave mexan rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse * PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, 301 permit. 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) burial OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 19 (, and that in (my) (ook) apinian death accurred an the date and have and from the saw the deceased alive and causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) auld be Health 23o. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Chy or Town (County) (Stote) 1/20/1979 Parklawn Memorial Rark REMOVAL (Specify) Rockville, Maryland. 0 Burial 24. FUNERAL DIRECTOR JOSEPH GAWLER'S SCADDRESSING 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ton Ma Creade (VR A15 (4)) 5130 WISG. AYE, B. W. WASH. D. C. 23015

· Free Company of the office of the contract o

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2g DATE OF DEATH (TYPE OR PRINT) Noralie Jan Fitzsimmons 3 SEX 4 RACE S DATE OF BIRTH 6 AGE /IN YEARS LAST BIRTHDAY MONTH 1898 Female 31 Cauc. an 80 Ta. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO Pennsylvania U.S.A. WIDOWED DIVORCED [Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Retirement Nursing Bethesda Clerk DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING, MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montg. 13a STATE Bethesda 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 304 Parkhill Terr. Md. IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Thomas Fitzsimmons Annie ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) G. Fitzsimmons 165-05-724 Mary 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hronic Pulmonary dised st 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. 216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (part) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) and) (did not) view the body after death 22b. SIGNALUR ATTENDING D MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS X6 MOI 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

23b. DATE

Homes, P.A., Bethesda, Md.

1 - 8 - 79

Robert A. Pumphrey Funeral

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 7/77 (VR A 15 (4))

Biffia1

24 FUNERAL DIRECTOR

FOR

- STATE

Silver Spring 25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

CITY OR TOWN

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

signed by the attending physic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

01995

| 11. | - STATE REGISTRAR | | CERTIF | CATE OF DEATH | REG. N | - 013 | 33 | |
|---------------|--|--|------------------|--|---|-------------------------|---|-----------|
| | CEASED NAME FIRST EORPRINT) | Bo/ | Foc | ht | 20 DATE OF DEATH | MONTH DAY | 79 26 HOU | R A |
| 3 SE | × male | White | 5. DATE O | F BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) IF UN MONTH | HS DAYS HOURS | MIN 15 |
| 5 4 | Mary land | CITIZEN OF WHAT COUNTS | WIDOWE | | 111100000 | OMETY | DEATH | ME |
| 10 S | ilve Spring | NAME OF HOSPITAL, NUR | REET ADDRESS) | R OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O None | | 26 KIND OF BUSINE NDUSTRY | SS OR |
| 7 | 9. 10 % | gomery Chevu | | 13d INSIDE CITY LIMITS? YES XX NO (| 130 STREET ADDRESS | | 01514 | , |
| | Stephen Williams | 7. Fox | ht | 15 MOTHER'S MAIDEN N. Gande | e S | D | avis | |
| | WAS DECEASED EVER IN U.S. ARMEI YES, NO ORUNKNOWN) (IF YES, GIVE WA | | ECURITY NO. | Stephen A | . Focht, | Chevy 500 Fr | | |
| | 18 CAUSE OF DEATH IEnter only of PART I. DEATH WAS CAUSED B | Υ | | 24-25 week | gestern | Cefus ! | APPROXIMATE INTER BETWEEN ONSET AND | DEATH |
| | Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost | DUE TO, OR AS A CONSECUTION OF A CONSECUTI | | | | | 31/2 har | 5 |
| Z | PART 2 OTHER SIGNIFICANT CON | (c) | TO DEATH BUT | NOT RELATED TO THE TERA | minal disease or con | IDITION GIVEN I | N PART 1(0) | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | ICH OPERATION | N WAS PERFORMED | 20a, AUTOPSY? YES NXX | | REFINDINGS USED CAUSES OF DEAT NO | H? |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 21c. HOW INJURY OCCUP | | RY IN ITEM 18, PART 1 (| OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI | ICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn C | OUNTY ST. | ATE |
| | 220.1 certify that (I) (this haspital) sow the deceased alive on above. (I) (we) (did) (did)nativi | 19 | 1 | 79 19 d that in (my) (aur) apinion | , to | | , that (1) (w I from the couses sta | |
| | 226. SIGNATURE | leme | nw | | MEDICAL STA | FF CIAN [| 1/26/7 | 5 |
| | 22d PHYSICIAN'S NAME (TYPE OR PRI | EMAN | ND | 11/19 Re | DCKVILLE | PIKE | RECEU | 10 |
| 23a. [| (SPECIFY) | | | METERY OR CREMATORY | CITY OR TOWN | coun | NTY STA | TE. |
| | Cremation UNERAL DIRECTOR Enzansky—Goldberg | | Rocky | ncoln Cremille, Mar. PA | BY REAL POR | 25b. Pedistrar | Maryla | an |

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked ar Item 18 shows ony injury. ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has been sign

retained by the hospital

| | . 1 | 1 | | | - 11 41 41 41 | MARYLA | ND STATE DEPART | MENT OF HEAD | LTH | | |
|--|---|-----|-------------------------|--|--------------------------------|--|-------------------------------------|--------------------------|--------------------------|----------------------|---|
| | 0 | 79. | | | DIVISIO | N OF VITAL RECORD | S, 301 W. PRESTON S | TREET, BALTIMO | RE, MARYLAND 2 | 1301 996 | |
| | Y | 331 | | | | | CERTIFICATE O | F DEATH | 13 | 01000 | |
| | and 2 death. | | 1. DECEASED (Type or | | First race | Middle | last | 1 | DATE OF DEATH Manth | Doy Ye | or 2b. HOUR |
| 13 | SPE | | 3. SEX | | 4. RACE | Lovell | S. DATE OF | | | ary 14,19 | 79 7 PM |
| offe | by the cons. Pages 1 haurs after | 139 | J. JLA | -0 m.l. | 4. KACE | White | | | 6. AGE (In last birth | dgy) MONTHS | YEAR IF UNDER 24 HRS DAYS HOURS MIN |
| urs | by t Pa | 540 | 70 RIPTHP | ACE (State or foreign | T7h CITIZEN | OF WHAT COUNTRY? | | inuary/7, | 1917 6 | YRS. | |
| PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after | l in the sers. | 70 | country) | HIO | /5. CITIZEN | 1 C A | 8. MARRIED NEVER M | ARRIED 7 9. CO | OUNTY OF DEATH | | |
| 724 | filled in papers. thin 72 h | 100 | | TOWN OF DEATH | U | 11. NAME OF HOSPITAL OR | INSTITUTION (If not in haspito | | CUPATION (Kind of Wo | owery | ND OF BUSINESS OR |
| 1 | bon fi | 00 | | ER SPRING | | give street address) | SON ROAD | | Working life even if | | |
| S S | campletely ave carbar y event, wi | 00 | 3a. USUAL | RESIDENCE (Where d | eceosed lived, if | institution: Residence befor | e 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NU | | |
| cute | amplet ive car event, | 35 | odmissian) MA | RYLAND | MON | IGOMERY | STIVER SP | YES NO | | ATSON ROA | n |
| e Xe | ome any | | 14. FATHER | | | ddle Last | | MAIDEN NAME First | | Middle | Lost |
| be | sician and camplease remave | 50 | WI | LLIAM | 0. | LOVELL | MA | RV | | HAMILTO | |
| ote | leas | 1 | 16a. WAS [| DECEASED EVER IN U.S | ARMED FORCES? | 16b. SOCIAL SECURIT | Y NO. 17. INFORMANT | | 1 | Address | |
| i i | shys on p | | nes, no, | | disa wai ni adiaz di 201. | 578-20- | 5362 FRED | ERICK W. F | ORKEL | SAME AS 1 | 3 HUSBAND |
| 9 | The | | 18. C | AUSE OF DEATH (Ent | er only one cause | per line for (o), (b), and (| | 72107 | 4 | A | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| e the | andir. | | | PART I. DEATH WAS C | AUSED BY: MEDIATE CAUSE (a' | (landing | []] | breast o | with met | - t | veral venre |
| d d | affe on, | 11 | 1 | 749 | |), OR AS A CONSEQUENCE C | | 11 1 | 1 | | y cars |
| 丰 | the sit p | | Condi | tians, if any, which g | ave) (b |) | espe | cially to | pone | | |
| tha | by ran | | statin | immediate cause g the underlying ca | (0),(| , OR AS A CONSEQUENCE C | F | | | | PILL LOS |
| es | sicioned al-t | 3. | lost. | | -1 | c) | | | SHETTING | | |
| inde | phy sign buri buri | | PART | 2. OTHER SIGNIFICAN | T CONDITIONS CON | TRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONDIT | ION GIVEN IN PART 1 | a) | |
| × 57 | ing ing he ta | 7.6 | × L | | | | | | | | |
| 6 | end s be as t | 2 | 19a. D. | ATE OF OPERATION | d | OR WHICH OPERATION WAS | PERFORMED 20a. AU | TOPSY? | | INDINGS CONSIDERED | IN CERTIFYING |
| The | att ha | OL | 19a. D | 974 | Carcino | na of the b | reast (R) YES [| | CAUSES OF DEATH? | | |
| ä | ol or cate ar t | 9 | | CONTRIBUTING CAUSE O | RLYING 21b. T | IME OF INJURY | 21c. HOW INJURY O | OCCURRED (Enter natur | re of injury in Port 1 o | or Port 2, Item 18.) | |
| 5 | ppito priffi af f | | (If eit | ner, natify medical e | xaminer) | P.M. | 19 | | | | |
| HYS | has ce ache ept. | | ≥ 21d. While | NJURY OCCURRED Not while | 21e. PLACE OF IN | JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY.) 21f. LOCATION St | reet or R.F.D. No. | City or Town | County | State |
| | | | at war | k at work | | | | | | | |
| N N | by After be Star | 27. | 220. | I certify that (I) | (this hospital | attended the decea | sed fram 197 1979, and that in (| 73, 19 | , to Jan. 14 | . 1979 | that (I) (we) last |
| EN | R: / | -31 | | causes stoted al | a alive an | (did) (did not) view the | e body ofter death | my) (our) opinion | death occurred o | n the dote ond h | aur and from the |
| A | CTO Sha | 90 | | GNATURE | . 00 | 4 | | | | 22c. DATE SIGNE | D |
| OR | be r e 3 ed w | 19 | | Benno? | 16,10 | eles h. | M.D. DEGREE PHYS. | DING MED. | OR STAFF | Januar | 8/ 1 |
| IAI | AL D | - 1 | | PHYSICIAN'S D | 1 | N B+ | 22e. Al | DDRESS 0 / | 10101 | 0 | N . 1 |
| TO HOSPITAL OR ATTENDING | Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 should be detached for use as the burial-transit permit. Then please rema should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and any | 1 | | IAME (Type) BC | unel / | t, Porler | Nr. M.D. 193 | 0 0000 | le Kdy Silv | er Spring | 17/20901 |
| 9 | Fur Fur Feet Houle | 100 | 30. BURIA | L, CREMATION, | 23b. DATE | | F CEMETERY OR CREMATORY | 23d | . LOCATION (City or To | iwn) (County) | |
| 2 | 5 6 jp | 63 | | | 1/17/79 | | INCOLN | | BRENTWOOD | PRI GE | |
| 290 | O QR A15 45M - 1/ | (4) | | L DIRECTOR FRA | NCIS J. | COLLINS ADDRES | | 2Sa. REC'D BY REG | ISTRAR 25b. RE | GISTRAP SIGNATURI | |
| | 45M - 1/ | 69 | 500 | UNIV. BLVD | WSI | LVER SPRING. | MD. 20901 | DATE JAN | 6 19719 | frifrey! | The state of |

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STATE OF MARYLAND 79-01999 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT! ADOLPH T. 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR CAUC. 25,1918 Feb. 60 O BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Wwsh.D.C. IISA Montgomery WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY S.S. Holy Cross Hospital Bookkeeper Self-Emp. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130 STATE
131 COUNTY
131 CITY OR TOWN 130 STATE 13e STREET ADDRESS 1802 Hampshire Green Land 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Mont. S.S. YES TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John C. Franke, Sr. Lena Koepper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 38 3706 Louise Franke (Wife) same as above APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY HILLOTE. IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), storing the underlying cause last. CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated did (did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS GROUHAW. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1/25/79 BP Burial Cedar Hill Cemetery Suitland Md. PG 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Hines/Rinaldi F.H. 11800 N.H.Ave.Silver JAN 2 4 1978

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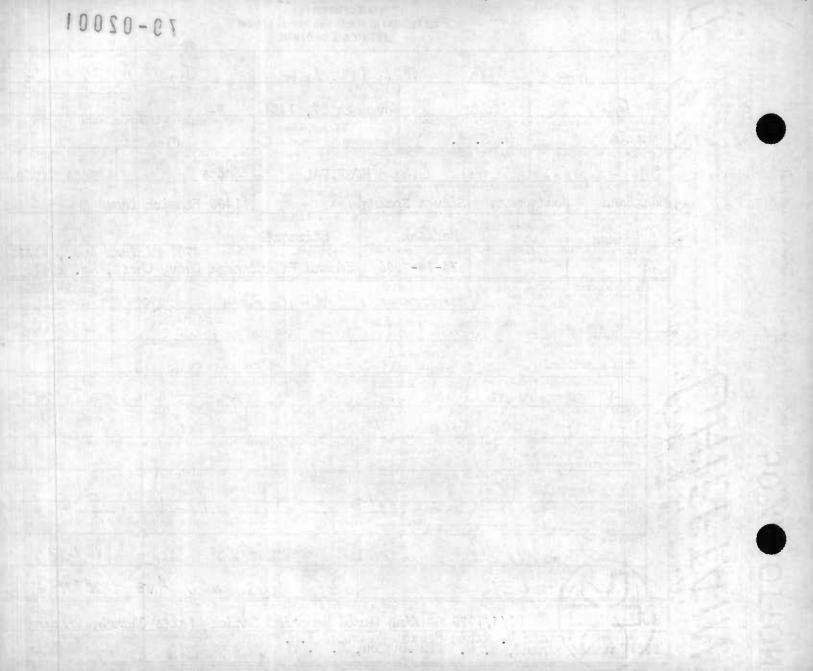
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79-02000 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH . DECEASED NAME 26 HOUR Cecile (TYPE OR PRINT) French 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 1897 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX MONTH DAY MONTHS DAYS HOUR5 0/4 BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY USA G. WIDOWED XX DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Housewife own home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 0 0 Sil 1513 Montgomery Spring Sharon Drive Maryland YESK 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE MIDDLE LAST P E. James Marvott (Unknown) 2503 McComas Ave 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 79-07-9981 Richard H. French-son- Kens., Md. no none APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY o mo. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX the buriol-tronsit certificote 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR iol-tr OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 50 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this-hespital) attended the deceased from ond that in (my) (aux) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. DIRECTO obove, (t) (we) (did) (did not) view the TO FUNERAL DIRECT should be detoched for with the Stote Dept. o DEGREE 22c, DATE SIGNED 22b. SIGN Fe ATTENDING MEDICAL STAFF ± PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 22d. 2309 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE COUNTY (SPECIFY) CITY OR TOWN BP. Burial 9 Fort Lincoln Georges Md Brentwood Pr 250, DATE REC D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERALDIRECTOR Ga. Ave., DHMH-16 50M 7/77 (VR A 15 (4)) Sil . Spr. Md.

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STATE OF MARYLAND 79-02001 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 76 HOUR (TYPE OF PRINT) 30 10 96 IF UNDER 1 YEAR SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH MONTHS DAYS White temalo lovember 1884 BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Russia U. S. A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sales Ladies Clothin DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (I NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Eliyor town Elver Spring 13e STREET ADDRESS Maryland lontgomery 1400 Fenwick Lane 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Madison Elizabeth Greene Herman 60. WAS DECEASED EVER IN U.S. ARMED FORCES" 166 SOCIAL SECURITY NO. 17 INFORMANT 4701 Willard Ave., #1412 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-14-7006 Edward Friedlander Chevy Chase. Md. 20015 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF DBSTRUCTION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, ORAS A CONSEQUENCE OF underlying couse lost ANCREATITIS TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? AUNDICE NO F YES 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death against on the date and hour and from the causes stated above (Tiwe) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d RHYSICIAN'S NAME (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/4/1979 King David Memorial Garden Falls Church. Hebrew Memorial c.F. H. 250. DATE RE Washington, D. C. 24 FUNERAL DIRECTOR Donald M. Stein DHMH - 16 50M 7/77 232 Carroll Street. N. W. (VR A 15 (4))



| X | | 11 | FOR | | | DEPARTMENT OF H | IEALTH | AND MENTAL H | YGIENE | 7 | 9-1120 | 0.7 |
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| 1 | | 1- | STATE REGISTRAR | | ME | DICAL EXAMIN | ER'S C | ERTIFICATE O | FDEATH | REG. N | 9-020 | 0 2 |
| | | | CEASED NAM | E FIRST | | WIDDLE | | LAST | 2e. DATE | KNOWN | MONTH DAY | YEAR 2b. HOUF |
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| | LAY IS MEESSARY, PIEASE O THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS V, 301 W. PRESTON STREET, | 3 SE: | X | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEA | | DER 1 YR. IF UNDER | | | MONTH DAY | |
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| | SER 9 9 5 | 10. C | ITY OR TOWN | OF DEATH | CIE NICT IN SUCH EAC | PITAL, NURSING HOME, | OR OTH | ER INSTITUTION | 12a. USUAL OCC FOR MOST OF W | UPATION (TO | YPE OF WORK 12b. KIN | D OF BUSINESS |
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| 21201 | 2, AND 3 TO 3. RETAIN POS SHOULD BE FAIL RECORDS. | | aryland | Monte | gomery | Bethesda | | YES NO [| 7108 W | ilson | Tane | |
| .2 | H. IF 3. 3. 3. Al. | | ATHER'S NAME | | | | | 15. MOTHER'S MAIDEN | | | | |
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| BALTIMORE, | PAGE FORM S 1 AN | | | D EVER IN U.S. ARM | | 166 SOCIAL SECURITY | NO | 17 INFORMANT | | 774600 | ontgomer | |
| N N | B. GIVE PA WITH FOR DIVISION (| 100. | ES, NO, OR UNKNO | (IF YES, GIVE V | WAR OR DATES) | 215-54-5 | | | | | | |
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| OK - | 0 - = - 4 | 2 | 170. DATE OF | OPERATION | 196. CONDII | ION FOR WHICH OPERA | ATION W | AS PERFORMED? | | | 20. AL | JTOPSY? |
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| OF | ATE WW | | 210. EXTERNA | AL CAUSE WAS | 21b. TIME OF HOUR A.M. | INJURY MONTH DAY YEAR | 21c. HO | W INJURY OCCURRED | ENTER NATURE OF | INJURY IN ITEM 1 | 8 PART 1 OR PART 2) | |
| Z | | 1 3 | | NG CAUSE OF D | | 19 | 100 | | | None | | |
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| á | RETTINGENERAL SECTION OF THE DESCRIPTION OF THE DES | E | WHILE C | NOT WHILE AT WORK | STREET, FACTO | ORY, FARM, ETC.) | SI | REET | CITY OR T | OWN | COUNTY | STATE |
| | E. THIS CERTING RWARDED TO PAGE 3 SH STATE DEPA | | AT WORK | AT WORK | | | | | [30] | | | |
| | | | 22a. I certi | , | | ribed above, held an | Autops | y . Inspection | X, Inquir | у Ц, _ о | and in my apinian | |
| | AN TOTAL | 100 | death result | ed fram: Nature | ol couses XX, | Accident , Suit | cide | Hamicide | Undetermined r | manner | | |
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| | H H O H H | | ACTUAL SIGNATURE | lat | 11 | cone 2 | - | Deputy | MEDICAL EXA | MINER | DATE SIGNED 1/ | 14/79 |
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| | TO MEDICAL EXECUTE THE C FACCUTE THE C AGE 4 SHOUN TO FUNERAL D AFTER DEATH, N BALTIMORE, MA | 1 | (TYPE OR PRI | NAME John | S. Roger | s. M.D. | 4 | ADDRESS Silver | | | gomery. M | d. |
| pm 193 | AFTE BALL | 23a. B | URIAL, CREMA | TION, REMOVAL 23 | | 23c. NAME OF CEM | | | 23d. LOCATION | | <u> </u> | |
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NAME: Max Gans

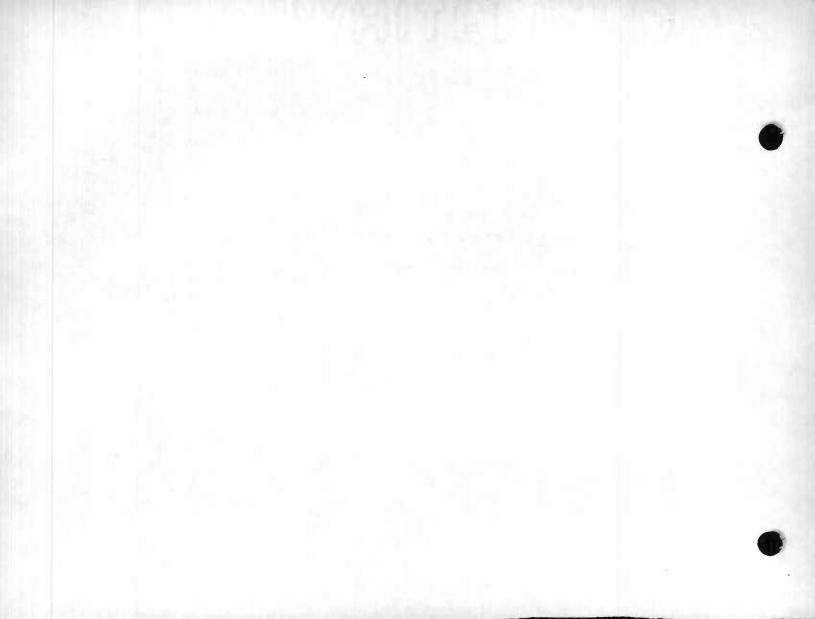
DATE OF DEATH: January 18, 1979

PLACE OF DEATH: Montgomery County

SEE: 79-04661

February, 1979

Montgomery County



Laytonsville. Md.

20760

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Francis H. Barber

DHMH-16 60M 1/73 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02004

26 HOUR

HOURS

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Month

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Arkansas

STATE

REG. NO

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02005

| | | NE O IO I IV III | | | | | | REG. NO | | | | | |
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| | | TY OR TOWN OF DE | | | | | OR OTHER INSTITUT | ION | 120. USUAL OCCUPATION | | 12b. KIND O | F BUSINE | ESS OR |
| 20 | | ethesda | | | Illins Dr | | | | Consultan | E | US Go | vit | AEC |
| 35 | 13n S | at residence (# NUR TATE aryland | 13b COUN Mon | tgomery | Bethes | da | 134 INSIDE CITY LI | | 13. 6204 Hol: | lins I | Drive | | |
| | | THER'S NAME | | | | 101.5 | 15 MOTHER'S MAI | DEN NAM | | 11111 | | | |
| 50 | E | Edward | ^ | AIDDLE | Gaughra | n | Mary | | Ellen | | Foley | ī | |
| 10 | 16a V | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECUE | | 17 INFORMANT | 100 | ADDRE | SS | 1 | | |
| ٧. | 7 | ES, NO OR UNKNOWN) | MM | TT | 015-18-4 | 659 | Charlot | tte G | aughran 62 | 204 Ho | ollins | Dr. | |
| | | 18 CAUSE OF DEAT PART I. DEATH W | | y ane cause per DBY: E CAUSE (a) | line for (a), (b), and Carcinon | a of | the Col | on (6 | 78) | | BETWEEN C | onset and | |
| | | 1539 | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | | |
| | | Canditions, if any | | ((b) | | | | 157 | | In the | A THE | | 5.42 |
| | | gove rise to important cause (a), statu | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | 100 | | |
| | | underlying cause | lost | (c)_ | | | | | | | | | |
| | 7 | PART 2 OTHER SIG | NIFICANTO | ONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO T | HE TERMIN | NAL DISEASE OR CONT | ITION GIVE | N IN PART 10 | 3) | |
| | TIO | 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | | | Tan Auxoneya | Inn IF VEC | WEDEENINA | | |
| 2 | CERTIFICATION | | | | S CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 110 | 200 AUTOPSY? YES □ NOX | IN CERTIFY YES | | OF DEAT | TH? |
| a | | 210. ACCIDENT WAS UN | | 21b. TIME OF | FINJURY M. MONTH DA | Y YEAR | 21c. HOW INJURY | OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18, PA | RT 1 OR PART 2) | | |
| 1 | CAI | (IF EITHER, NOTIFY MEDIC | AL EXAMINER) | P./ | | 19 | | | | | ALL PROPERTY. | | |
| | MEDICAL | 21d INJURY OCCUR WHILE NOT W AT WORK AT WO | HILE [| 21e PLACE ({AT HOME, STR | OF INJURY EET, FACTORY, OFFICE, FA | RM, ETC.) | 21f LOCATION STREET | | CITY OR TOW | N | COUNTY | SI | TATE |
| | | | | al) attended the | deceased from T | an l | 8 7.9 , 19 | 79 | , Jan. 30 | 1 | . 79 | that (1) (| we) last |
| | | 220.1 certify that (1) saw the deceas | ed olive on | Jan. 18 | 19.7 | 9 | - 3 | | eath occurred on the da | te and hour | | | |
| | | 22b. SAGNATUAE | (did not | view the body | after deoth. | | DEGREE | | | | 22c. DATE | | |
| | | AL, I | 111 | Halt | MA | | | IDING _ | MEDICAL STAF | F _ | 1- | 20 | 79 |
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BP DHMH - 16 50M 7/77 (VR A 15 (4))

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Wisconsin Ave. Bethesda. MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

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STATE OF MARYLAND

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| 10-0 | 1 - | FOR STATE REGISTRAR | DEPA | | ALTH AND MENTAL HYG CATE OF DEATH | 7.9 - | 02011 |
| (84) | | CEASED NAME FIRST | WIDDLE | LAS | ST . | 20 DATE OF DEATH MO | |
| death death | | VULES | A. | 94 | AUBMAN | | 1 23 79 750 MM |
| mo de la | 3 SE | | RACE | 5. DATE OF | BIRTH YEAR | 6. AGE (IN YEARS LAST BIRTHDA | IF UNDER 1 YEAR IF UNDER 24 HRS |
| ge 4 | 74 | Male | Caucasian | 12 | 29 28 | 50 | YRS MIN |
| h. Po | | RTHPLACE (STATE OR FOREIGN 7 | L CITIZEN OF WHAT COUNT | RY? 8 | NEVER MARRIED | 9. BALTIMORE CITY OR C | COUNTY OF DEATH |
| ter death. he funeral within 72 | | ew York | USA | WIDOWED | DIVORCED [| MONTO | SOMERY MD. |
| the full wiffied | 10. CI | TY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NUE | | OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | |
| | 0 | ILVERSPIEN | HOLY CRO | | 1050 | Executive | Clothing Mfg. |
| MARYLAND 21201 ed within 24 hours of mapletely filled in by ond 2 should be filled with the most being wagminer must be proposed. | 13a S Ma | AL RESIDENCE (IF NURSING HOME OF COUNTRY 136 COUNTRY 136 COUNTRY 137 COUNTRY 1 | 13c. CITY OR T | Spring | 13d. INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS 12912 Saddle | ebrook Drive |
| with with all 2 s | | | DOLE LAST | | 15 MOTHER'S MAIDEN NA/ FIRST | WIDDLE | LAST |
| omple I ond | - | amuel | Glaubma | | Florence | ADDRESS | Wolf |
| BALTIMORE, cote be execut vsicion and co ysicion and co vol. y, the medicof | 16a. V | VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) Yes Unknown | WAR OR DATES) | | Farl Wolf, 1 | otomac, Maryl 0716 Gainsbor | land 20854 rough Rd. |
| physicie novel. | 1 | 18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED | one couse per line for (o), (b) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST | | IMMEDIATE | | MYEL | OGENOUS L | EUKEMIA | 8 WKS |
| No standing | | 2000 | DUE TO, OR AS A CONSE | OUENCE OF | | | |
| deot deot | | Conditions, if any, which gove rise to immediate | (b) | | | 1 | |
| 1 W. PRESTON that the death ac by the attendin by the attendin cost remotion, or r other fromotion, | | couse (a), stating the underlying couse last | DUE TO, OR AS A CONSE | OUENCE OF | | | |
| DS, 20' | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING | TO DEATH BUT N | OT RELATED TO THE TERM | INAL DISEASE OR CONDIT | ION GIVEN IN PART 1(0) |
| RD FE THE STATE OF | CATION | NA | | | | | |
| he low on permit | NE. | 19a. DATE OF OPERATION | 19b. CONDITION FOR WH | ICH OPERATION | WAS PERFORMED | YES NO NO | DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO |
| N OF VITAL SICIAN: The ag physicio certificate terriol-transit ental Hygie item (8 hy | CERT | 21g ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY VEAD | 21c HOW INJURY OCCUR | ED (ENTER NATURE OF INJURY IN | ITEM 18, PART 1 OR PART 2) |
| OF VI | CAL | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | , | |
| DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the raftending physicion. After this certificate has been signed by the ost the buriol-transit permit. Then pleo tilh and Mental Hygene prior to buriol, norked or them 18 shows any injury, are | MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | ICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 00 400 8 | 1.6 | 220.1 certify that (1) this hospita | | m | 11/25.19 78 | , to | 7.3, 19 79, that (1) (we) lost |
| TITEP Portol for a far | | sow the deceased alive on oboury it well (did) (did not | view the body ofter death | 9 79 , ond | that in (my) (our) opinion o | death occurred on the date | and have and from the causes stated |
| OR ATTEN e hospitol DIRECTOR: sched for us Dept. of He | | 226 SIGNATURE | 1.0 | DI | EGREE | / | 224. DATE SIGNED |
| | - | Kasalit Xel | NAMMAN | M | ATTENDING PHYSICIAN | MEDICAL STAFF | 1/23/79 |
| HOSPITAL ned by th FUNERAL Juld be det with State of | | 22d. PHYSICHAN'S NAME (TYPE OR | PRAY | | 22e ADDRESS | 0. 0.1 | (10/20 |
| 1000=0 | | KALPH 9. SE | LIGHANN | | 8630 Fento | n St. Silve | 1 Joring, 14/1, 20916 |
| 0 g 5 g g g | 23a. E | SPECIFY) | 23b. DATE 2 | 3c. NAME OF CE | METERY OR CREMATORY | 23d. LOCATION CITY OF TOWN | COUNTY STATE |
| ○ BP | | Burial | 1-24-79 | King Day | vid Mem. Gdn. | Falls Chur | |
| DHMH-16 50M 7/77 | 24 Ft | JNERAL DIRECTOR | Rock | ville, M | laryland 250. DAT | REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNATURE |
| (VR A 15 (4)) | Da | nzansky-Goldber | g Mem. Chap. | 1170 Roc | kvl. Pk.JAN | 26 1979 | intry Malredy |

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DHMH - 16 60M 7/73 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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YES [

COUNTY

22c DATE SIGNED

IF UNDER 24 HRS

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02013 - STATE CERTIFICATE OF DEATH REGISTRAR Donald R. Goldthorpe REG N I DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER FYEAR MONTHS OAYS HOUR5 7a. BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY) U.S.A. Minnesota WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret.Science Writer N.I.H. Bethes DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136. COUNTY 136. CITY OR TOWN 9805-Broad Street 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Montgomery Bethesda YES K NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDOLE Johnson Goldthorpe John Lena 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR OATES) 559-18-0541 Mildred V. Goldthorpe-wife Same as USA WWII Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH Enter only one couse per line for post (b), and (c) PART I. DEATH WAS CAUSED BY Minuit IMMEDIATE CAUSE to: Conditions, if ony, which gove rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [entol Hygi 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK May 10 10 22a I certify that (1) (this hospital) attended the deceased from .. 29, and that in (my) (por) opinion death accurred on the date and hour and from the causes stated 21 saw the deceased alive an obove, (1) (we (did) (de not) view the body ofter deoth 226. SIGNALLERE DEGREE 22c. DATE SIGNED MEDICAL TO FUNERAL D should be detox with the State E ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE PRINT) 22e ADDRESS omeo 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE (SPECIFY) Washington, D.C. 1-27-1979 Lee's Crematory Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Will Lee's Sons Co. Funeral estone to NE, Washington, D.C. (VR A 15 (4))

STATE OF MARYLAND

79-02013 Don't floor of floor litrasct U.S. '. Pot Science we've .I. Tonders Beinest & CCC-Bro distreet or fot, Jen - Coldthone Jen Yes US VII SSC-16-CEN HARMAN V. CONTROUND- TO SITE B 15 The state of the s rahin cen D.C. Cheratica 1-77-1070 Ide's Charlon Joc-H. 188, 3 Sons Co. Juner J.C. Cocc

| 1 | | STATE OF MARYLAND |
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| | 1 | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02014 |
| oy be | poge 3 Dept. | 1. DECEASED NAME First Middle Lost , 20. DATE OF DEATH 2b. HOUR |
| E moy | po , bo | (Type or print) LORAN WALDROW GOODE Manth Day Year 1055 AM |
| Page | director the Sto | 3. SEX MALE 4. RACE S. DATE OF BIRTH SEPT. 3. 1964 6. AGE (In yeors lost birthdgy) MONTHS DAYS HOURS MIN |
| death | · · · · · · · · · · · · · · · · · · · | 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
| ofter d | un pe | COUNTRY) VIRGINIA USA WIDOWED DIVORCED MONTGOMERY Md. |
| - 5 | shauld be er death. | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even it retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even it retired.) 12. INDUSTRY INDUSTRY |
| RYLAND 21 | 1 2 de 2 1 | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD 13b. COUNTY MONT INHEATON 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MONT INHEATON |
| With | 1 and haurs | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Log1 |
| , W | comple Pages 72 J | JUHA GOODE LULAH CLOPTON |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120. 5 PHYSICIAN: The law requires that the death certificate be executed within 24 hou | ion and co popers. Pag ent, within | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 214-12-7822 HELEN E. GOODE 11564 AMHERST AVE |
| BAI | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| STREET, B. | physicarban any ev | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) |
| I STR | 2 9 2 | Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF NS DEGENERATION 4 Yes. |
| ESTON | offendi remov | rise to immediate cause (a). |
| V. PRE | the leose | lost. (c) HILZHEIMERS DEMENTIA 4/RS. |
| ORDS, 301 W. PRI | gned by Then p | PART 2. OTHER SIGNAPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| CORDS, | been sig | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INITIALY 12c. HOW INITIALY OCCURRED. (Enter nature of initialy in Part 2 them 18.) |
| L RE | e = " = " = = = | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) |
| VITA | | OR CONTINUOUS CAUSE OF DEATH OUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 19 2 Id. INITIPY OF CIRRED. 21e PLACE OF INITIPY AT HOME FARM, STREET, FACTORY 2 21f LOCATION. Staffet or P.F.D. No. (ib) or Taylor. County |
| ON OF | certifico the burial | While Not while OFFICE BUILDING, ETC. |
| VISIO | ÷ 10 | 22a. I certify that (1) (this haspital) attended the deceased from 3/6, 19/6, ta///, 19/6, ta///, that (1) we) last |
| ž | After this far use as | 22a. I certify the (I) (this haspital) attended the deceased from |
| ATTEND | y the haspital BIRECTOR: Aft detached far i ond Mental Hy | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DITTE SIGNED 9 |
| 'AL 0R | ond deta | MAME (Type) D, R. LEWIS MD 22e. ADDRESS OLHEY Md 20832 |
| IOSPIT | FUNERAL should be af Health | 23a. BURIAL, CREMATION, 23b. DATE 23c. MATM. OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| 5 | sho af | Bender Sun 15, 1979 Yarklaun Cimilian Rockrell. Ment Mil |
| 2904 | WH-16 1/71 30M | 24 EUNERAL DIRECTOR 250 ACCO BY REGISTRAR 19 250. REGISTRAR'S SIGNATURE CLASSING DATE AND IN 18 19 250. REGISTRAR'S SIGNATURE CLASSING DATE OF THE PROPERTY OF |
| 210 | (VR A15 (4)) | (account the Lucit J.A. Watters) wash, D.C. 20012 Traffe |

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79-02015 A COMPANY OF THE STREET, TO SERVE AS A SERVER OF THE STREET, THE SERVER OF THE SERVER The second of th onneys and double a marge . Mrs wences the Last view Lineauser 197 32 Jacob Product Plat March District Burial Colliviles vychologo Labedalo Viel Co. Hen Labedalo Val The state of the s

STATE OF MARYLAND



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Action beautiful Home 1.00 W. St. M. S. W. St. P. St. W. St. W. Co. I seed further a straight for the straig

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

be notified of once

injury, or other traumotic

IMPORTANT: If Item 21 is morked or Item 18 shows

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | FOR TATE REGISTRAR | DEP | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE REG. N | 79- | 0201 | 7 | | | | |
|----|--|---|--|--|--|--|--|---|--|--|--|--|
| | 1 DECEASED NAME FIRST | MIDDLE | υ | AST | | MONTH I | DAY YEAR | 2b. HOUR | | | | |
| ì | (TYPE OR PRINT) Cai | col Marga | ret. (| Graham | January | 11. | 1979 | 8:48Am | | | | |
| | 3 SEX | 4. RACE | 5. DATE O | F BIRTH | 6. AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HRS | | | | |
| ì | Female | White | Novel | | 6 42 | YRS. | MONTHS DAYS | HOURS MIN | | | | |
| 10 | 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | TRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY C | _ | | | | | | |
| 3 | PENNSYLVANIA | U.S.A. | WIDOWE | D DIVORCED | Montgo | | | MD. | | | | |
| , | Bethesda | TI. NAME OF HOSPITAL, NU CLINICAL CE | | | 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C REGISTE) | F WORKING LIF | E) INDUSTRY | F BUSINESS OR | | | | |
| á | USUAL RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION, GIVE RESIDENCE B | | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | | | | | |
| 8 | Maryland MONT | 2/11/201/ | r Spri | | 9212 Woo | dland | Driv | е | | | | |
| Ī | 14 FATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | WE | | LAS | | | | | |
| É | ARTHUR H. | KINSING | ER | MARGARE | T J. | 2011 | RITT | ER | | | | |
| | 160. WAS DECEASED EVER IN U.S. AF | P LIVE OR D LEECT | SECURITY NO. | 17 INFORMANT | ADDRI | | | 1 5 | | | | |
| | VO (125, 100 of officers) | 200-2 | 8-2460 | Herbert B. | Graham 9 | 212 W | | | | | | |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (o), (b | on, and (cl.) | | | -7.74 | BETWEEN | MATE INTERVAL ONSET AND DEATH | | | | |
| | IMMEDIA | PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Hepatic and renal failure | | | | | | | | | | |
| | 1749 | 1749 DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | | | | | Conditions, if ony, which (Carcinoma of breast, Metastatic to | | | | | | |
| | Conditions, if any, which | (Carcino | oma of | breast, Met | astatic t | -0- | | | | | | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSI | EOUENCE OF | | astatic t | -0- | | • | | | | |
| | gove rise to immediate couse (a), stating the underlying couse tast | due to, or as a consi | eouence of and bon | ne | | | | | | | | |
| | gove rise to immediate couse (a), stating the underlying couse last | DUE TO, OR AS A CONSI | eouence of and bon | ne | | | EN IN PART 1(| 0) | | | | |
| | gove rise to immediate couse (a), stating the underlying couse last | due to, or as a consi | EOUENCE OF and bor TO DEATH BUT | NOT RELATED TO THE TERM | | IDITION GIV | S, WERE FINDIN | NGS USED | | | | |
| | gove rise to immediate couse (a), stating the underlying couse last | DUE TO, OR AS A CONSI (c) liver a CONDITIONS CONTRIBUTING | EOUENCE OF and bor TO DEATH BUT | NOT RELATED TO THE TERM | inal disease or con | 20b. IF YES | | NGS USED | | | | |
| | gove rise to immediate couse lost, stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSI | EOUENCE OF and bor TO DEATH BUT HICH OPERATION | NOT RELATED TO THE TERM | INAL DISEASE OR CON 200 AUTOPSY? YES NO | 20b. IF YES | S, WERE FINDING CAUSES | NGS USED OF DEATH? | | | | |
| | PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSI | EOUENCE OF and bor TO DEATH BUT HICH OPERATION | NOT RELATED TO THE TERM N WAS PERFORMED | INAL DISEASE OR CON 200 AUTOPSY? YES NO | 20b. IF YES | S, WERE FINDING CAUSES | NGS USED OF DEATH? | | | | |
| | ON CONTRIBUTING CAUSE OF DE LIFETIFIER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | DUE TO, OR AS A CONSI | EQUENCE OF and bor 5 TO DEATH BUT HICH OPERATION DAY YEAR | NOT RELATED TO THE TERM N WAS PERFORMED | INAL DISEASE OR CON 200 AUTOPSY? YES NO | 20b. IF YES IN CERTIFY YE | S, WERE FINDING CAUSES | NGS USED OF DEATH? | | | | |
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NAME: Edmund L. Green

DATE OF DEATH: January 12, 1979

PLACE OF DEATH: Montgomery County

SEE:

#79-04669 February, 1979 Montgomery County



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH TYPE OR PRINTS Charles Lewis Gregory IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 1918 Male White Nov. 22. YRS To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Montgomery County U.S.A. Kansas WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Washington Adventist Hospita (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Exec .- Pres. Cycles&Sports BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 6617 Eastern Avenue Takoma Park Maryland Montgomerv YES X NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST (Unknown) Gregory Susan Bruner ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) R. Gregory, Wife, Same as # 13. Yes WW TT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o & duemic Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN XX DIRECTOR PHYSICIAN MPORTANT: FUNERA 22d PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS Gerald I. Shugull 5530 Wis. Ave. Washington. 23g BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) Burial Fort Lincoln Cemetery Brentwood, Maryland JOSEPH CAWLER'S SONS INC. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) E138 WISC. AVE., N. W. WASH., D. C. 20016

79-02018 factor, site solation C7. 22, 1 15 H contract founds Mac. - Com. Land Cont and private Thereby City that Service Control to the Control of ware Silverial Silverial The same of the sa ported of the bound of the second Torus . 1/2// 1 i col ... i col ... 1 n

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | | EALTH AND MENTAL HYGI ICATE OF DEATH | REG. NO | 79-0202 | |
|----|---------------|--|--|--|---|--|--|---------------------------|
| | I. DEC | CEASED NAME FIRST OR PRINT) | MIDDLE H | . G | NO W | 20. DATE OF DEATH | MONTH DAY PYEAR - 10 79 | 26 HOUR 9,25A M |
| | 3. SE) | male | 4. RACE white | S. DATE O | DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | YRS. | IF UNDER 24 HRS HOURS MIN |
| 9 | E S | lichigan | U S A | MARRIEI WIDOWE | | Montgomer | * | MD. |
| 11 | Ta | koma Park | Washingto | TAL, NURSING HOME O ITY, GIVE STREET ADDRESS) On Adventist | Hospital | 120. USUAL OCCUPATION OF MOST OF Saw Mill op | F WORKING LIFE) INDUSTRY | red |
| 5 | | | other institution, give re TY 130 C eorge Hys | ESIDENCE BEFORE ADMISSION) LITY OR TOWN Attsville | 1E2 140 | 13. SIREET ADDRESS 23 | 3rd Place | |
| 1 | | | Grow | EAST | - | E McKinney | LAST | |
| 2 | | VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (1F YES, GIVE | WIAD OD DATES | 23 24 8413A | Willis G Gr | ow Hya | ttsville, Md | MATE INTERVAL |
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| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | FOR WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (| |
| 7 | MEDICAL CER | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. 21e PLACE OF IN. | MONTH DAY YEAR 19 JURY | 211. HOW INJURY OCCURR 211. LOCATION STREET | | | |
| | W | WHILE NOT WHILE 220.1 certify that (I) (this hospit | ol) attended the dece | | 79, 19 | . 10 | 79 | hot (I) (we) lost |
| | | saw the deceased alive an 9 9 19 79 and that in (my) (our) opinion death occurred on the date obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | ilGNED W |
| 1 | | 22d. PHYSICIAN'S NAME ITYPE OR | (AID | | | V Hampsh | re Ave | |
| | (| BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL | Jan 12, 1 | 1979 Cedar | EMETERY OR CREMATORY Hill Cemetery | | nd Pro George | |
| | 24. FU | P. Gasch's Son | s P A Hyat | ttsville Md | 25a. DAJE | NEC D. BY RIGISTISAR | 25b. REGISTRAR'S SIGNATU | Ready |

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STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME MIDOLE LAST 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Alice Hadesty January 18 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS YEAR HOUR5 FEMALE .1909 WHITE APRIL A BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED . GERMANY U.S.A. WIDOWED Montgomery County ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE Olney Montgomery General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MONTGOMERY 403 W. DIAMOND AVENUE MARYLAND GAITHERSBURG YEXX) 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE ADOLPH SCHULTZ 60 WAS DECEASED EVER IN U.S. ARMED FORCES? SON ADDRESS OLNEY. MARYLAND 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) HADESTY. 18929 CROVERHILL LANE NO 179-16-6768 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: hours IMMEDIATE CAUSE OR ASIA CONSEQUENCE OF MRS Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION anemia 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES shor 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive or (our) opinian death accurred on the date and hour and from the causes stated above ((1)(we) (did) (did not) view the body after death 226 SIGNATUR DEGREE ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 19241 Mony inche 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL CHRIST CHURCH CEMETER 24 FUNERAL DIRECTOR UNIV.BLVD., W., SILVER SPRING, MD. 20901 DHMH - 16 50M 7/77 (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 2 0 2 4 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2a. DATE OF DEATH (Type or print) RUT 4 HALL KERECCA 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years TEMALE CAUCASIAN 9-12-1898 last birthday) 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MARY LAND U.S.A. MONTGOMERY WIDOWED THE DIVORCED TO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
Housewife INDUSTRY Silver Spring 10005 Greenock Road own home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 736. COUNTY Maryland Montgomery 10005 Greenock Road 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Alexander Higgs Wilkinson Anna 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 579-32-8557 17. INFORMANT Addrew 17 Yarmouth A (If yes give war or dates of service) buriol, cremation, or removal, none 577-01-6267 Jacqueline R. Myers-dau-Ave Absecon NJ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: ARTERIOSCLERATIC CARDIOURSCULAR DISEASE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Pulmonaxy DISGASE: Chronic URINARY TRACT INFECTION prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [detached for use e Dept. of Health NO XX O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from_ fren 1960, to saw the deceased alive on 1978, and that in (my) (aur) opinion death occurred on the date and haur and from the couses stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, poge 3 should be filed v PHYS. DIRECTOR TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS PHYSICIANS NAME (Type) SERNARD A. FITZGERALD 217 UNIVERSITY BLODE, SILVER SPRING, MA 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Washington, D.C. (State) Jan. 17, 1979 Mt. Olivet 25b. REGISTRAR'S SIGNATURE E. Pumphrey, VR A15 (4) DATE Ga. Ave.

5130 Wisc. Ave. N.W. Wash., D.C.

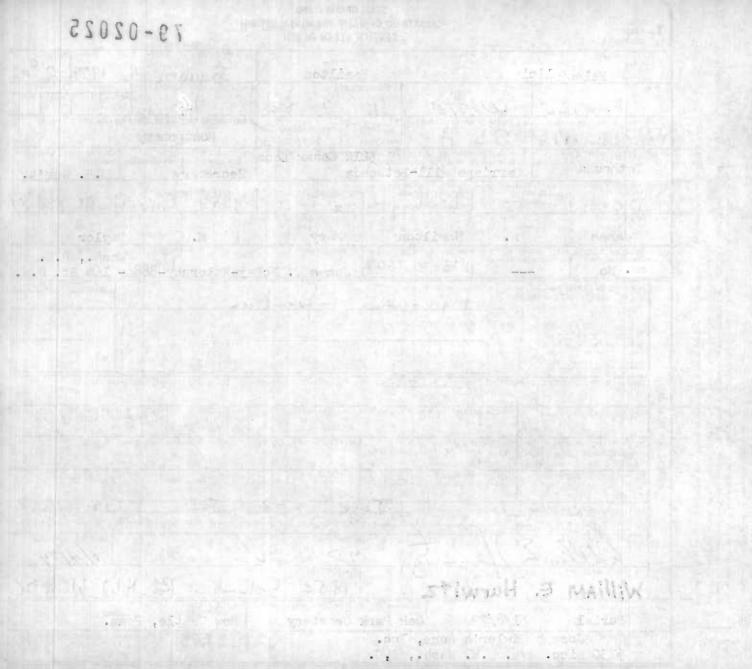
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15 (4))



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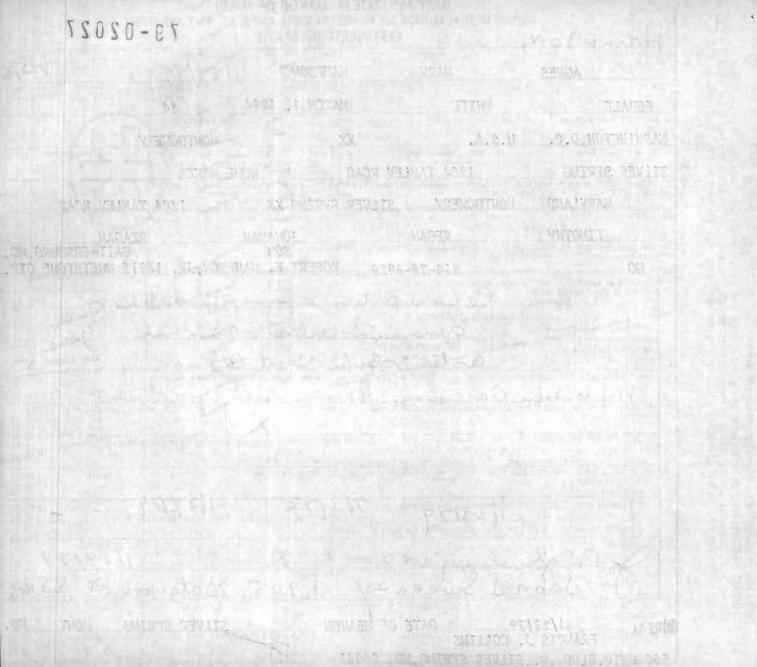
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 b CERTIFICATE OF DEATH DECEASED-NAME Middle Lost and 2 death. 20. DATE OF DEATH degath 2b. HOUR (Type or print) Day Year MARY HAMPSON AGNES 3. SEX 4 RACE 24 hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F LINDER 24 HRS last birthday) MONTHS DAYS HOURS MARCH 1. 1894 WHITE FEMALE 84 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WASHINGTON.D.C WIDOWED VY DIVORCED [filled i MONTGOMERY 10. CITY OR TOWN OF DEATH event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR and completely fi remove carbon give street address)
1204 TANLEY ROAD during most of working life, even if retired.)
HOME MAKER **INDUSTRY** SILVER SPRING 13a. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 1204 TANLEY ROAD in ony 14. FATHER'S NAME pup Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Last certificate be TIMOTHY REGAN please JOHANAH REAGAN ond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT SON Addiess GAITHERSBURG, MD. Yes, na. ar unknown) cremation, or removal, ROBERT E. HAMPSON, JR NO 18913 WHETSTONE CIR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the buriol-transit p burial, cremati Genor rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. of Health prior to the TO FUNERAL DIRECTOR: After this certificate has been aminas 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 for use 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) ottended the deceased from 7 sow the deceosed olive on 11 2 31 and that in (my) (aur) apinion death occurred an the dote and have and from the be retained director, page 3 should should be filed with the causes stoted obave, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S NAME Type) 22e. ADDRESS en 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stole) REMOVAL (Specify) PUMERAL DIRECTOR FRANCIS J. COLLINS GATE OF HEAVEN MD STIUFR 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 45M - 1/69 DATE NO 0 1070 BLVD. W. SILVER SPRING MD. 20901



STATE OF MARYLAND 79-02028 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) OWAR 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH YEAR DAY5 **HOURS** 1906 72 Male White Feb. 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Momence. Ill. U.S.A. WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Merchandising JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ma. STATE 113h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. 17625 Montgomery Dickerson NO X Moore Rd mpletely and 2 sh 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST EIRS1 MIDDLE LAST August Hanson Stella Lamport Hanson Ida WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) No 1-18-6735 Bissell Hanson 17625 Moore Rd APPROXIMATE INTERVAL ŧ adod 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY ODA IMMEDIATE CAUSE OR AS A CONSEQUENCE OF GLOME PULLONEPHRITIS Canditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 prio 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? De NO F NO YES [ntol Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL Ö (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 3 6 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK of Health 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR saw the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death Dept. 226. SIGNATORE DEGREE DATE SIGNED ATTENDING TO FUNERAL E should be detained with the State E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS Jowes 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION III. Watseka (SPECIFY) Oak Hill Cem. Burial Iroquois Jan. 250. DATE REC'D BUREOUS TRAR 256. REGISTRAR'S SIGNAL DE COM 24. FUNERALDIRECTOR LA DHMH - 16 50M 7/77 (VR A 15 (4)) Douglas Stauffer Rt. 10 Box 66 Fred. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-02030

| | | REGISTRAR | | CERTITI | ICAIL OI D | LAIII | REG. | NO. | | | |
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| | (ITPE | OR PRINT) EVA | JANE | HA. | STINO | 75 | JAN. | 23 | 1979 | 1 P. | M |
| | 3. SEX | | 4 RACE | 5. DATE O | OAY | VEAR | 6 AGE (IN YEARS LAST | BIRTHDAY | MONTHS DAYS | HOURS AL | |
| | | Female | White | Augi | ust | 1889 | 89 | YRS. | MONTHS OATS | HOURS MI | 114, |
| | 7a. BIF | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | NEVER A | AARRIED [] | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | |
| 5 | | laryland | U.S.A. | WIDOWE | DI DI | ORCED | mont | gom | | | MD. |
| 0 | GE | ITHERSBURG | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, | DDRESS) | | RUS Sell | 120 USUAL OCCUP. (TYPE OF WORK FOR MO! HOUSEWI | | | OF BUSINESS | OR |
| h | 130. S Ma: | ryland Mont | other institution, give residence before HTY 13, CITY OR TOWN Gaithers | 4 | YES [| - [| 301 Rus | sell S | t. | | |
| 20 | 14 FA | THER'S NAME late Jacob | MIDDLE LAST | | | Maiden NAM | | | LAS |)T | |
| | | (IF YES, GIVE | MED FORCES? 16b. SOCIAL SECUI WAR OR DATES) | RITY NO. | Mrs Al | ice Mau | | Stone | y Ford | RD. | |
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| 2 | CERTIFICATION | 19a DATE OF OPERATION | 19b, CONDITION FOR WHICH | OPERATION | N WAS PERFO | RMED | 200 AUTOPSY? | IN CERT | ES, WERE FINDING IFYING CAUSES | | |
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| | | saw the deceased alive on | totr oftended the deceased from 19 7 | | DECREE | ATTENDING PHYSICIAN | deoth accurred on the | TAFF | | | |
| 1 | | Thos. G. | WARD, 6 | 116 | ROBIN | · WOOL | BOT | PSDA | Inf z | 0631 | |
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500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

STATE OF MARYLAND

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Geraldine January Haunt RACE S. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY Female White 25 1899 Aug. THE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED KNEVER MARRIED Penn USA WIDOWED DIVORCED Montgomery @ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Olney Montgomery General Hospital Ret. Physicis DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13e STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3170 Adderly Court Md NO Mont. S.S. YES 🔽 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Samuel George Walker Annie Elizabeth Kline ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NOR UNKNOWN) 578 58 7959 3 Ralph F. Haupt Same as 00 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 2 IMMEDIATE CAUSE (0 00 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to1, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. by PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 27a.1 certify that (1) Ithis hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 77b. SIGNATURE DEGREE ATTENDING 4-DIRECTOR | PHYSICIAN PHYSICIAN 3701 ROESMOIL 27d. PHYSICIAN'S NAME (TYPEOPERINT Alberto Rotsztain, M.D. 73a BURIAL CREMATION, REMOVAL 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

1/25/79

Hines/Rinaldi F.H. 11800 N.H. Ave. Silver Spring, Md

MIDDLE

W.

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

TYPE OR PRINT

(SPECIFY)

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Cedar Hill Cemetery Suitland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02033

| | 1- | FOR STATE REGISTRAR | | DEPARTA | | ICATE OF D | | ENE 7 | 0 | 2033 | |
|----|---------------|---|--|--|------------------|---|-------------------------|--|----------------------|---|---------------------------|
| | | CEASED NAME FIRST Stell | | Ruth | | AST Hawkins | | 20 DATE OF DEATH | | 30 1978 | 26 HOUR |
| | | emale | 4 RACE | as'ian | S. DATE C | OF BIRTH DAY | YEAR 1882 | 6 AGE (IN YEARS LAST B | YRS | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| 9 | 7a. B1 | RTHPLACE (STATE OR FOREIGN DUNTRY) NEW YORK | 45 | WHAT COUNTRY? | WIDOWE | | QRCED | Montgomery | _ | | MD. |
| 2 | E | Rethesda | 5215 C | HOSPITAL NURSIN Entacidiyldiydiretti Edar Lane | | ESDA INSTI | NOITUT | 120 USUAL OCCUPA (TYPE OF WORK FOR MOST | | LIFE) INDUSTRY | F BUSINESS OR |
| 1 | | AL RESIDENCE (IF NURSING HOME OR STATE 130 COUN | OTHER INSTITUTION | I GIVE RESIDENCE BEFORE 131. CITY OR TOW WASH.I | ADMISSION) | ~ | NO 🗌 | 13e STREET ADDRESS | 377 | STREE | TNW |
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| 3 | | VAS DECÉASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? WAR OR DATES) | 579073 | RITY NO. | CATHER | | 2353 GRE | RESS ENWI STER | ZIN LI | gw n |
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| / | | 22d. PHYSICIAN'S NAME (TYPEO JAMES | R PRINT) | Un 1. EGI | an | | HYSICIAN A | Var Ln | | hesda, | MCA |
| | { | BURIAL, CREMATION, REMOVAL SPECIFY) RURIAL | 23b. DATE 2-2 | - 79 C | IAME OF C | HILL C | Em | 23d. LOCATION CITY OR TOWN | LANO | COUNTY | RYTHING |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Viginia Shenandoah Strasburg VES NO Fort Valley Rte-Box 30-P IF FAITHER S NAME IF FAITHER S NAME IF SAME ADDRESS Clayton Curtis Hays, Sr. IS MOTHER S MAIDEN NAME IF SAME MODIE IN MODIE I | | 1- | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE | 7.9 - 0 | 2034 | |
|--|--------------|---------|---------------------------|-------------|-------------------|------------------------|---------------|--|------------------|-----------------------------|---------------------|--------------------|
| Second S | | I DEC | CEASED NAME | FIRST | , | MIDDLE | t/ | AST | 2a DATE C | F DEATH MONTH | OAY YEAR | 2b. HOUR |
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| Clayton Curtis Hays, Sr. Clayton Curtis Hays, Sr. Clayton Curtis Hays, Sr. Clayton Curtis Hays, Sr. Minnie De Lung Address Address Address Address Address Address Fills Model Example 115 May 125 | 砂二 | Vi | rginia | Shen | | | | | | | Rte-Bo | x 30-P |
| Clayton Curtis Hays, Sr. Minnie De Lung 166 WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17. INFORMANT ADDRESS TYPES NO OF UNKNOWN (167 ES ONE WAS ORDITES) 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH lener only one couse per line for 101, 69 and 101. 18 CAUSE OF DEATH LENER OF INJURY OF LINE OF INJURY O | and 0. | I4 FA | | MI 40 | MIDDLE | LAST | | FIRST _ | | MIDDLE | _ LAS | |
| TES NOTE UNKNOWN) (BYES, ONE | ex C | 0 | Clay | | | Hays, | Sr. | Min | nie | De | Lung | |
| SCAUSE OF DEATH Enter only one couse per line for 10 10 10 10 10 10 10 1 | Sico Sico | | | | | 166 SOCIAL SECU | | | | | | "" |
| PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSPOYENCE OF COURT (a), storing the underlying couse lost PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONDITIONS CONVENIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/M PART 2 OTHEP SIGNIFICANT CONVENIBULING TO THE TERMINAL DISEASE OR CONDITIONS GO | E I | Y | les | WWI | I | 579 03 | 3 3 0 5 3 | Agnes E. | Hays | (spouse) | | |
| DUE TO, OR AS A CONSEQUENCE OF COnditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/1. 199 DATE OF OPERATION 1996 CONDITIONS CONFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/1. 210 ACCIDENT WAS UNDERLYING OR COUNTY STATE OF CONTRIBUTING CAUSES OF DEATH? HOUR A.M. MONTH DAY YEAR 19 CITY OR TOWN COUNTY STATE 210 ACCIDENT WAS UNDERLYING OR COUNTY STATE 211 HOW IN JURY OCCURRED 16 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR 19 CITY OR TOWN COUNTY STATE 212 I Certify that (1) (this hospital) ottended yie deceased from 19 29 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (idd) (idid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF 212 AUGUST STAFF 212 DATP SIGNED 213 DATP SIGNED 214 DATP SIGNED 215 DATP SIGNED 216 DATP SIGNED 217 DATP SIGNED 218 DATE OF OPERATION 19 DIRECTOR PHYSICIAN 19 DIRECTOR 19 PH | t, th | | IS CAUSE OF DEATH | H (Enter an | ly one couse per | line far (a), by ar | nd (c) | 0 1 0 | . , | CAPPERSON TO | BETWEEN | ONSET AND DEATH |
| Conditions, if ony, which gove rise to immediate couse individual to individual to independ the couse individual to independ the couse individual to independ the couse individual to in | even | | PART I. DEATH W | | | 1,Ce | M | & faster | re | | w | eps_ |
| gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHED SIGNIFICANT CONDITIONS CONVEIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 PART 2 OTHED SIGNIFICANT CONDITIONS CONVEIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 PART 2 OTHED SIGNIFICANT CONDITIONS CONVEIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 PART 2 OTHED SIGNIFICANT CONDITIONS CONVEIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 PART 2 OTHED SIGNIFICANT CONDITIONS CONVEIBUTING TO DEATH BUT NOT PERFORMED 100 AUTOPSY? 120 B. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO YES | potic | | 4409 | | DUE TO, O | R AS A CONSPOY | ENCE OF | 200: 0 m | Don. | | 110 | |
| DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF Underlying couse lost DUE TO, OR AS A GONSEQUENCE OF UNDERLYING COUSE IN PART 10. 19 | TO O C | | | | (b)_ | α | Ive | nowar | cela | 210 | Je | Nr. |
| Part of operation 196. Condition for which operation was performed 1206. Autopsy? 206. If yes, were findings used in certifying causes of death? 190. Date of operation 196. Condition for which operation was performed 1206. Autopsy? 206. If yes, were findings used in certifying causes of death? 1206. Accident was underlying 2106. Accident was underlying 2106. Accident was underlying 2106. Autopsy? 2006. If yes, were findings used in certifying causes of death? 1206. Autopsy? 1206. A | thert | | couse (a), statin | g the | DUE TO, O | R AS A GONSEQU | ENCE OF | - 1114 | nin | relevai | el li | Upal |
| Part of operation 196. Condition for which operation was performed 1206. Autopsy? 206. If yes, were findings used in certifying causes of death? 190. Date of operation 196. Condition for which operation was performed 1206. Autopsy? 206. If yes, were findings used in certifying causes of death? 1206. Accident was underlying 2106. Accident was underlying 2106. Accident was underlying 2106. Autopsy? 2006. If yes, were findings used in certifying causes of death? 1206. Autopsy? 1206. A | , 0, | 8 | PART 2 OTHERSIGN | LIFICANT | CONDITIONS CO | ON TRIBUTING TO | DEATH BUT | NOT FLATED TO THE TERM | INAL DISEA | SE OR CONDITION G | IVEN IN PART M | 1000 |
| OR CONTRIBUTING CAUSE OF DEATH COUNTY COUNTY STATE Cause of DEATH County County County County County | injury | NO | Len | ese | aler 1 | 450: 7 | noe | vin MT. | 5 . 2 | CVAI | | |
| OR CONTRIBUTING CAUSE OF DEATH COUNTY COUNTY STATE Cause of DEATH County County County County County | oux | CAT | 190 DATE OF OPERAT | ION | 196 @ SND | TION FOR WHICH | PERATIO | N WAS PERFORMED | 200 AUT | OPSY? 20b. IF Y | | |
| OR CONTRIBUTING CAUSE OF DEATH COUNTY COUNTY STATE Cause of DEATH County County County County County | 300 | TIF | 11/17/ | 8 | Jee | ectro | 20 | art ansures | YES [| | | |
| The first intermediate of the block examines | 8 % | CER | | _ | LICIUD A | | AV SEAD | 21c HOW INJURY OCCUR | RED (ENTER N | NATURE OF INJURY IN ITEM 18 | , PART 1 OR PART 2) | |
| 220. I certify that (I) (this hospital) attended the deceased from | E | CAL | | | A110 | | | | | | | |
| 220. I certify that (I) (this hospital) attended the deceased from | P. A. | EDIC | | | | | EARAN ETC 1 | 211 LOCATION STREET | s result | CITY OR TOWN | COUNTY | STATE |
| sow the deceased alive on 19 79 and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (we) (did) (did nat) view the body ofter death. DEGREE 22c. DATE SIGNED 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1/2/79 | rked | × | AT WORK AT WO | RK | JAI HOME, SII | ALLI, FACTORI, OFFICE, | PARM, ESC.) | | _ | . / | 76 | |
| above, (I) (we) (did) (did not) view the body ofter death. 222. SIGNATURE 222. DATE SIGNED 222. DATE SIGNED 223. DATE SIGNED 224. DATE SIGNED 225. DATE SIGNED 226. DATE SIGNED | 3 | | 22a.1 certify that (1) | (this hospi | ital) attended th | e deceosed from | 111 | 12 19 18 | , to | 1/11 | . 19 | that (I) (we) last |
| 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/12/79 | 21 : | | sow the decease | d alive on | it) view the body | ofter death | 19 ! 01 | nd that in (my) (our) opinion | death occurr | red on the date and he | our and fram the | causes stated |
| The distance of the control of the c | Hea | | | | | 0 | | // | / | | 22c. DATE | SIGNED |
| 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) | # | | De | Ш | cell | Cry | e 1 | U. attending E | DIRECTO | R PHYSICIAN | 1// | 2/79 |
| % Pland Each Cil Com M | Y Y | | 22d. PHYSICIAN'S NA | ME (TYPE C | OR PRINT) | ð | | 22e ADDRESS | | 1212 | | / |
| Kenneth Cruze, M.D. 831 University Blvd East, Sil. Spr M | Por | | Kenneth | cri | uze, M. | D. | | 831 Univer | sity | Blvd Eas | t, Sil | . Spr Mc |
| 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE | ≤ | 23a. B | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 230 | NAME OF C | EMETERY OR CREMATORY | 23d. LOC CITY | ATION | COUNTY | STATE |
| Rumini ligramio 70 Washington National Suitland PG Md | + 11 | | Burial | | 15Jai | 1979 W | ashin | gton Nation | al S | uitland | PG | Md |
| 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Homelan 17 1979 Firstry Registrar's significant | 77 | 24 FU | UNERAL DIRECTOR | Robe | rt E. V | Wilhelm | Fune | ral Home | E REC'D. BY | REGISTRAR 25K REGI | STRAR'S SIGNAT | TURE. |

Suitland, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

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DIVISION OF VITAL RECORDS,

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02037

| 101 | | REGISTRAR | | | CEKIIF | ICATE OF DEATH | REG. N | 0. | | |
|---------|---------------|---|--------------------|--------------------|-------------------|--|--|-------------------|------------------|--------------------|
| | | CEASED NAME FIRST | A | AIDDLE | l | AST | | | DAY YEAR | 2b HOUR |
| | (TYPE | OR PRINT) | ONARD C | ARLOS | HERRON | 1 | January | 15, | 1979 | 1:05P _M |
| | 3 SE | | 4 RACE | | 5. DATE C | F BIRTH | 6 AGE (IN YEARS LAST BIRT | THDAY | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| A_{j} | | Male | Whit | | | nber 25, YEAR 19 | | YRS | MONTHS DAYS | HOURS MIN |
| 12 | 70. BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUN | TRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
| 35 | | V. Va. | U.S.A | | WIDOWE | D DIVORCED | Montgom | | | MD. |
| 21 | | ITY OR TOWN OF DEATH | LIE NOT IN SUC | HEACHITY CIVES | TORET ADDRESS! | R OTHER INSTITUTION | 120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O | | 125. KIND C | OF BUSINESS OR |
| 160 | | thesda | | | | IH, Bethesda | brilling | 1.44 | Natu | ral gas |
| 85 | 13a S | AL RESIDENCE (IF NURSING HOM STATE 136 CC Vest Virgini | UNTY | 136 CITY OR Wes | TOWN TON | 134 INSIDE CITY LIMITS? | Route 3, | Box | 26004 | |
| | 14. FA | ATHER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | | |
| 7.71 | | Clarence | WIDDLE | Herr | | A1ma | MIDDLE | L | ilbori | |
| | Ióa V | VAS DECEASED EVER IN U.S. | ARMED FORCES? | | SECURITY NO. | 17 INFORMANT | ADDRE | ESS | TIDOL | 1 |
| 3 | () | | GIVE WAR OR DATES) | 222- | 64-246 | 7 5 1 | same | e as | 13e | |
| ~ | | | etnam | | | Deloris H | erron | | | |
| | | 18 CAUSE OF DEATH (Enter PART). DEATH WAS CAU | | | | | | | BETWEEN | ONSET AND DEATH |
| | | IMMED | IATE CAUSE (0) | Respir | atory | Failure | | | 3 d | ays |
| | | 1729 | DUE TO, OF | R AS A CONS | EOUENCE OF | | | | | |
| | | Conditions, if ony, which (Malignant Melanoma metastatic to lungs | | | | | | | | rears |
| | | gove rise to immediate couse (a), stating the | | | | | | | | Control of |
| | | underlying couse lost | plei | ira, I | tymph n | odes, skin | and musci | .e | | |
| | | PART 2 OTHER SIGNIFICAN | T CONDITIONS CO | NTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART 1 | 0 |
| | O | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WI | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES | WERE FINDIN | NGS USED |
| 2 | Ě | | | | | | YES NOW | YES | YING CAUSES | NO TO |
| -0 | ER | 210. ACCIDENT WAS UNDERLYING | | | 100 | 21c. HOW INJURY OCCUR! | | RY IN ITEM 18, P. | ART 1 OR PART 2] | |
| 2 | - | OR CONTRIBUTING CAUSE OF | DEATH | M. MONTH | | 12 mg 14 | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE | 21e PLACE (| | 19 | 21f LOCATION | | | 0.00 | |
| | ME | WHILE NOT WHILE | | | FICE, FARM, ETC) | STREET | CITY OR TOV | AM | COUNTY | STATE |
| | | AT WORK | | 1 11 | Tomi | lary 14 p. 79 | January | , 15 | 79 | |
| | | 22a.1 certify that (this has sow the deceased alive | | e deceosed tr | omJanu | d that in (*) (our) opinion | | | | that (I) (we) lost |
| | | obove, (we) (did) (did) | The view the body | ofter death. | 1 | | deoin occurred on the di | Jie ond hour | | |
| | | 22b. SIGNATURE | 4-1 | 1 | - | DEGREE ATTENDING | _ MEDICAL STAI | cr | 22c. DATE | |
| | | | 0/5 | 360 | ten | H.D. ATTENDING PHYSICIAN | DIRECTOR PHYSIC | IAN 🐼 | 1/ | /15/79 |
| 1 | - | 294 PHYSICIAN'S NAME (TY | PE OR PRINT) | | | 22e ADDRESS National In | etitutes | of H | ealth | |
| | | 2 a.to | OTE M. | D | | Clinical (| | | | |
| | 23a B | BURIAL, CREMATION, REMOV | AL 23b. DATE | | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | |
| | Bu | specify) iria1 | | | | Co. Mem. Pa | CITY OR TOWN | hanno | COUNTY | W.Va. |
| | | | thesda, | | | | E REC'D. BY REGISTRAR | | | TURE_ |
| | | | | | | | IAN 99 1970 | de | | (Cready |

Robert A. Pumphrey Funeral Homes, P.A

DHMH - 16 50M 7/77 (VR A 15 (4))

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motified and the second Linence Yes Ciernan Same Holoris Herron Same as 150 Carlal Park dicklander to Men Park dicklander -. Nethanda, Maydaha - Colert A. Illimolitev Hilliaral Mones, P.A.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212012 0 3 8 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Elizabeth I. Hess January papers. Pages 1 of hin 72 hours after a 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In veors IE UNDER 1 YEAR white female lost birthdoy) MONTHS DAYS 8/2/05 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA DIVORCED West Virginia WIDOWED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life even if retired) Hill Road Bethesda 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER #308 odmission) STATE Montgomery YES T 5225 Pooks Bethesda Maryland in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Eberts Anton Korn HAnah Address Rockville, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) ar remaval, 350-28-3005 Pat Magruder 11905 Renwood Lane No APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Cadio-IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE QU Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 2 Merio schaffa has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🗔 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY b OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 1962, 19, ta saw the deceased alive an_ _19 2, and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (1) (we (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED director, payer DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 784) nertell the Bethole, we are NAME (Type), WYMAN MA 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1/18/79 Arlington National Cemetery Arlington, Virginia 24. FUNERAL DIRECTOR Tyson Wheeler Fune works Home, Inc. 250. REC'D. BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1331 Rockville Pike, Rockville, Maryland 20852JAN 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

79-02038

STATE OF MARYLAND

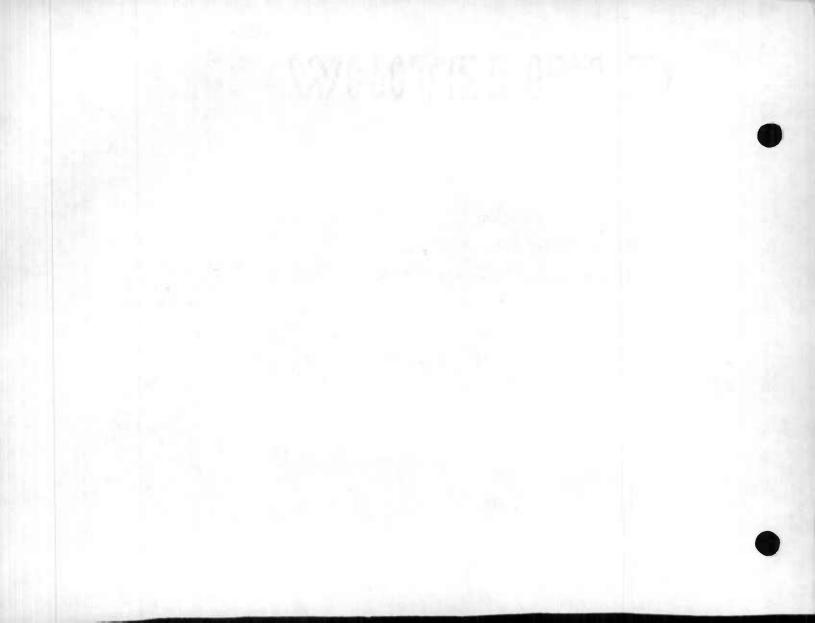
NAME: Baby Boy Hinton

DATE OF DEATH: January 24, 1979

PLACE OF DEATH: Montgomery County

SEE:

#79-04684 February, 1979 Montgomery County



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 2g. DATE KNOWN (TYPE OR PRINT) OF ESTI-Sidney Elson Hobbs DEATH MATED 4 RACE 6. AGE (IN YEARS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUS 63 VAC PRONOUNCED Nov.8,1915 White Male DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED DIVORCED Montgomery 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Silver Spring Painter Viers Rd. Construction 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 12104 Viers Mill Rd. Silver Springyes X NO D Montgomery Maryland ORVITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRS1 Samue. Hobbs Daisy V. Stevens 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sandy Ct. Kens. 577-16-0074 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c),) . BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART LIG HEALTH CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? OF YES [TO BURJA NO Z BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 218. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21. 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry L Inspection and in my apinian death resulted fram: Suicide Hamicide Undetermined manner TIME (SPECIFY) ACTUAL 1 - 1 - 79SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Richard L. Whelton ADDRESS 23d LOCATION Clarksville 23c.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md STATE Linthicum Chapel Burial BP 24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Georgia (VR A15 ME (5)) Inc Pumphrey, 30M 7/73

TO HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1. | FOR STATE REGISTRAR | DEPAR | | EALTH AND MENTAL HYG | IENE 7 | 9-0204 | 2 |
|---------------|--|--|---------------|--|---------------------------------|------------------------|----------------------|
| | CEASED NAME FIRST | WIODIE | 4 | AST | 20. DATE OF DEATH MO | ONTH DAY YEAR | 7b. HOUR |
| | Annie Annie | Н. | | ffman | January 3 | | 6:45 PM |
| 3. SE | X | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHO | MONTHS DAYS | |
|] | Female | Caucasian | Apr | | 93 | YRS. | MIN MIN |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| | Virginia | USA | WIDOWE | | Montgome | ery Count | y MD. |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | OR OTHER INSTITUTION | 170 USUAL OCCUPATION | 126. KIND | OF BUSINESS OR |
| 1 | Bethesda | 5904 Welborn | Driv | e | Housewife | | lome |
| 13a | STATE 136 COU | NTY 13t. CITY OR TO | WN . | 136 INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | |
| | Md. Mont | g. Betheso | da | YES NO | 5904 Well | orn Dr. | |
| 14 F | ATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | ME | 1 | AST |
| | John W. | | 111 | Sophia | a | Hasli | p |
| 160 \ | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDRESS | | |
| | No | 577-84 | 1-380 | John L. H | Hoffman | Same as | 13 |
| | 18 CAUSE OF DEATH (Enter of | nly one cause per line for (a), (b), a ED BY: | nd ic | 1/ | - 1 | APPRO BETWEEN | NONSET AND DEATH |
| | | TE CAUSE (b) | inges | tive Heart | tailure | 1 | Wech |
| | 4140 | DUE TO, OR AS A CONSEQUE | UENCE OF | | 11 2 | | |
| | Conditions, if any, which | (b) | Ar Ter | rioscliratic / | Teart Disca | 50 3 | MEARS |
| | couse to immediate | DUE TO, OR AS A CONSEO | UENCE OF | | | | 1 |
| | underlying cause last | (c) | | | | | |
| z | PI | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDIT | ION GIVEN IN PART 1 | (0) |
| 1 5 | 190 DATE OF OPERATION | 1 196 CONDITION FOR WHICH | LI OBERATIO | NI WAS DEDSORMED | 20a AUTOPSY? 7 | 106. IF YES, WERE FIND | INICS LISEO |
| CERTIFICATION | 196 DATE OF OPERATION | 7 176 CONDITION FOR WAIC | H OPERATIO | N WAS PERFORMED | YES IN NOT | N CERTIFYING CAUSE | S OF DEATH? |
| 1 8 | 71a. ACCIDENT WAS UNDERLYING | | 91 | 21c. HOW INJURY OCCURE | | | |
| | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | | |
| × | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | , FARM, ETC.) | STREET | CITY OR TOWN | COUNTY | STATE |
| | 22a.1 certify that (I) (this hosp | utal) attended the deceased from | | 20 19/8 | Jan 3, | 19 79 | . that (1) (we)-last |
| | sow the deceased alive or above. (1) (we) (did) (did as | Dec. 31, 19 | /8_,0 | nd that in (my) (our) opinion a | deoth occurred on the date | and hour and from th | e couses stated |
| | 226. SIGNATURE | N | 111 | DEGREE | | 22c. DAT | ESIGNED |
| | P.R. | Thurs 1 | 11.1) | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | NO 1/4 | 179 |
| 1 | 226 PHYSICTAN'S NAME (TYPE | OR PRINT) | | 77e ADDRESS | | | / / / |
| | Clifton | n R. Gruver, | M.D. | 1145 19th | St., N.W. Was | shington, | D.C. |
| 23a. | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | . Falls | Church. | V a STATE |
| | Burial | Jan.6,1979 | | onal Mem.Pk. | | | |
| 24 F | UNERAL DIRECTOR Robe | ert A. Pumpher | ey Fu | neral 1250. DAT | E REC'D. BY REGISTRAR 251 | J. REGISTRAR'S SIGNA | Cheody |
| LF | Homes, P.A. | Bethesda. | Md. | | 1110 1010 | | 7 |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) page 3 1 ENNISON tto+1man 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS White Female March 27% 1932 HOURS 46 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTVirginia USA ontaomeru WIDOWED DIVORCED OLCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF Teacher Education ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) Maryland MONTY. 14 \$1053 ADD Well House Court Ge Tring now wo 13d INSIDE CITY LIMITS? NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Dan Carter Tennison Susie Holland BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1 (IF YES, GIVE WAR OR DATES) 228-36-9354 Walter D. Hoffman, Jr. Same as # 13 no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. W. PRESTON ST. IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 OF VITALRECORDS, 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceosed from DIRECTOR 19 78 sow the deceosed alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave (1) we) (did) (aid not view the body after death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e ADDRESS 22d PHYSICIAN'S NAME OF the the IMPORTA Brookes Auc 230 BURIAL CREMATION, REMOVAL Jan. 31, 1979 Peninsula Mem. Park 23d. LOCATION Removal-Burial Newport News Warwick 250. DATA REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Parancis H. Barber Laytonswille, Md. 20760 DHMH - 16 50M 7/77 (VR A 15 (4))

79-02013 11 PEPI PE MOL The same and the second Cardiaresginulary Arest B mil Myocardial Turberction 234 8 Coronary Arterioscierusia le years Diabetes Methos Remal failure O CONTIN TO THE JOHN THE OF OUD X 1-29-79 James R. Moore dr. 201 Berokes for Soi theirburg Mid.

Capitol Fimeral Service Falls Church, Va.

AUDDLE

FOR

REGISTRAR

24. FUNERAL DIRECTORY

DHMH - 16 50M 1/76 (VR A 15 (4))

1 DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02044

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR 1979 3:07PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Military 148 Merle Drive Garlock Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 3/4 hrs. indeterminate 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE January 4 and that in my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Jan. 5, 1979 DIRECTOR PHYSICIAN K

BY REGISTRAR 250 BEGISTRAR'S SIGN TURE

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Constant Diname Correles Falls Charely Va.

I/O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

JO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fushaled be detached for use as the bunal-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, or removal.

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may be

| STATE | OF | MARYLAND | |
|-------|----|------------|--|
| JIMIL | vi | MINITERITO | |

| | 1. | FOR STATE REGISTRAR | DEPART | | EALTH AND MENTAL HY | REG. NO | | 204 | 5 |
|-------------|----------------|---|--|-----------------------------------|--|--|-------------------|---------------------|-------------------------------------|
| | 1. DE {TYPE | CEASED NAME FIRST | T. | НО | LT | Jan. 25 | 19 | 79 | 26 HOUR 6 7 M |
| | 3. SE | x Female | White | 5 DATE C | OAY, YEAR | 6 AGE (IN YEARS LAST BIRT | | PUNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| or or or | | RTHPLACE ISTATE OR FOREIGN OUNTRY) ashington, D.C. | 76 CITIZEN OF WHAT COUNTRY USA | MARRIEI WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY O | _ | OF DEATH | MD |
| 90 | | Wheaton | 11. NAME OF HOSPITAL, NURS | ING HOME C ELADDRESS) 18 Nu | rother institution rsing Home | 12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O | F WORKING LIFE) | INDUSTRY | F BUSINESS OR Home |
| and 3/ | 130. 5 | AL RESIDENCE (IF NURSING HOME OF STATE Bryland Mont | rother institution, Give residence before the source before the so | RE ADMISSION) | 134 INSIDE CITY LIMITS? YES AO | 130 STREET ADDRESS 5101-Rid | | | |
| 15/5/ | 14. FA | Henry O. | Towles | 3 | 15. MOTHER'S MAIDEN NA FIRST Fannie | MIDDLE | | LAS | T . |
| medico | | NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI | MED FORCES? 16b SOCIAL SEC E WAR OR DATES) 579-60- | | Mr. Tom A | Ainora | Ρ. | O. Box | |
| event, the | | PART I. DEATH WAS CAUSE | ally one couse per line for (a), (b), o D BY TE CAUSE (a) | and (c) | y Thro | mborie | | APPROXI. BETWEEN | MATE INTERVAL DNSET AND DEATH |
| froumotic | | Conditions, if any, which gove rise to immediate | DUE TO, OR AS A CONSEQUENCE (b) | YENCE OF | scleion | querel | exp | 5. | y. |
| or other | | couse (o), stoting the underlying couse lost | DUE TO, OR AS A CONSEQU | | | | | | |
| rulory. | TION | | conditions <u>contributing</u> to | | | | | | |
| 2 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDING CAUSES | |
| 9 | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, PAR | et 1 OR PART 2) | |
| rked or | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | , FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | /N | COUNTY | STATE |
| Z 1 IS mo | | sow the deceased alive on | ital) attended the deceased from | 20 | 5/16, 19/6 d that in (my) (ay), opinion | death occurred on the do | te ond hour | ond from the | that (I) (we) lost causes stated |
| II: If Ifem | | 22b. SIGNATURE | Alale | | ATTENDING PHYSICIAN [| MEDICAL STAF | | 1/2 | 6/79 |
| MPOKIAN I | | Joseph J. W | PRINT) PALLACE MD | | 5272-Rive | Rd.,Beth | esda, | Maryl | and |
| 2 | 23a. E | Burial Burial | | | emetery or Crematory ood Cemeter | y Washi | | OUNTY | STATE D.C. |
| | | uneral director ines/RinaldiF | .H. Inc . 11800 | New P | lampshire A | | 25b REGISTR | AR'S SIGNAT | a Cready |

DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or attending physician.

79-02015 nimit of the collection and a first state of the collection of the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled within 72 hours aft with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

may be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02046

| 1 | REGISTRAR | | | | CERTIFICA | | PLA III | | REG. NO | . • | 0 2 0 . | | |
|---------|---|--|---|---|--------------|-------------|-------------------------|---------------------------------|----------------|-----------|-------------------------------|---------------------------------------|-------|
| | EASED NAME | FIRST | м | IDDLE | LAST | | VICTOR OF | 2a. DATE OF D | EATH A | HTMON | DAY YEAR | 2b HOUR | |
| (TIPE O | X PKINT] | HARR | Y MEI | LVIN | HORZ | | | JANUAR | Y. | 12, | 1979 | 4:35 | p, |
| 3. SEX | | | I. RACE | | 5 DATE OF BI | | VEAR | 6. AGE (IN YEAR | S LAST BIRTH | DAY) | IF UNDER 1 YEAR | | - |
| MA | | | WHITE | | August | t 6, | 1927 | 51 | 133 | YRS. | MONTHS DAYS | HOURS | MIN |
| | THPLACE (STATE OR F | OREIGN 7 | | VHAT COUNTRY? | MARRIED T | NEVER | MARRIED [| 9. BALTIMORE | CITY OF | COUNT | TY OF DEATH | | |
| _ | Nanyland | | <i>U.S.</i> | | WIDOWED [|) D | IVORCED | Montgo | | | | | М |
| & Bet | Y OR TOWN OF DE thesda | / | Clinica | OSPITAL, NURSIN FACILITY, GIVE STREET 1 Center | , Bethe: | | | 120 USUAL OC TYPE OF WORK FO | | | LIFE) 12b. KIND INDUSTRY | Cemen | is of |
| 13a ST | L RESIDENCE (IF NUR LATE aryland | IN COUNT | | GIVE RESIDENCE BEFORE 134. CITY OR TOWI Pasaden | N 13d | | NOX | Rt. 3 | DRESS DOX 6 | 7A, | Pasader | na, Md | |
| 14. FAT | HER'S NAME HERMAN | AZ | bert | Honz, S | 15. / | MOTHER E | s maiden nam izabeth | | MIDDLE | | Whi | tnore | |
| | AS DECEASED EVER | | NED FORCES? | 166 SOCIAL SECU | | INFORM. | ANT | | EDDITE: | | | 1 | |
| La | s. po or unknown | WI | 12 | 217-20- | 3566 M: | rs. | Bessie 1 | Horz] | Pasad | lena, | Md. 21 | 122 | IV. |
| NO N | Conditions, if ony gove rise to im couse (o), stort underlying coust PART 2 OTHER SIG | mediate ng the last NIFICANT CO | sis : | as Maligue | | anom. | a TO THE TERM | 20a AUTOP | SY? | 20b. IF Y | ES, WERE FIND | INGS USED S OF DEATH | |
| | 2) a. ACCIDENT WAS UN | CAUSE OF DEAT | | A. MONTH DA | Y YEAR | r. HOW II | NJURY OCCURR | | RE OF INJURY | | YES [] , PART 1 OR PART 2) | но 🗌 | |
| MEDIC | 21d INJURY OCCUR WHILE NOT WAT WORK AT WORK | RED WHILE ORK | 30000 | OF INJURY SET, FACTORY, OFFICE, FA | ARM, ETC.) | LOCATI | ON | C | ITY OR TOW | ٧ | COUNTY | STA | TE |
| | 22a.1 certify that (I saw the decease above, (I) (we) (22b. SIGNATURE | ed alive any | of ottended the anuary view the body of | 12 19 / | DEG | ot in (my | | | STAFI | F V | | that (1) (we causes state SIGNED 2179 | , |
| 1 | 22d. PHYSICIAN'S N | AME (TYPE OR | | M.D. | | | ONAL IN | STITUTE | S OF | HEAT | LTH SDA, MD | 2001 | .4 |
| (SP | URIAL, CREMATION PECIFY Burial | , REMOVAL | 23b. DATE 1/16/ | | en Haven | | . Pank | | Burn | | ne Aru | rdel, M | ld. |
| Mc | Cully F. | H.Mtn. | & Tick / | Veck Rds. | : Pasade | 22 ma.M | 0 00 4 | N 1 6 19 | 79 | SB. REGI | if rey | Creody | 1 |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

79-02046 179-197 F1 - 14.0.V = 1 in line with the service of t me me new et surement. enun lord ion, a Libeth mes len was .. is len wais we ver by .. re ul'un ... tres lies ver les pranegation.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | STATE REGISTRAR | | - 12.3 | | CERTIFI | CATE O | F DEATH | | REG. N | 0. | - 020 | |
|----------------|--|--------------------|---|--|-------------------|----------|------------------------|---|---------------|------------|--|------------------|
| | CEASED NAME OR PRINT) | Edwar | | John | HUGH | ISON, | Jr. | Janua | | MONTH 21 | 1979 | 26. HOUR 03:28 A |
| 3. SE | Male | | Caucas | lan | S DATE O | | 20 1926 | 6 AGE (IN YEAR | S LAST BIRT | (HDAY) | IF UNDER I YEAR | IF UNDER 74 HRS |
| | RTHPLACE (STATE OF | | USA | WHAT COUNTRY? | MARRIED WIDOWE | | ER MARRIED DIVORCED | 9 BALTIMORE Monte | - | _ | Y OF DEATH | MI |
| - | TY OR TOWN OF D Bethesda | | Natio | HOSPITAL, NURSIN THE FACILITY, GIVE STREET Onal Nava | ADDRESS) | rother i | NSTITUTION Center | 120 USUAL OC (TYPE OF WORK FO AIT C | | | 12b. KIND C INDUSTRY ET U.S | . Navy |
| F | AL RESIDENCE (IFNE | PRING HOME OR DUVE | TY | GIVE RESIDENCE BEFOR 13c. CITY OR TOW Jackson | VN I | YESXX | | 13e STREET AD | DRESS ncha | nted | Drive | |
| E | ther's NAME | | | ighson Sr | | Е | ER'S MAIDEN NA/ | | Mary | | O'Conne | ST |
| 1 | VAS DECEASED EVE (ES, NO OR UNKNOWN) OS | (IF YES, GIVE | MED FORCES? WAR OR DATES) 13–1969 | 136 32 | | 17 INFOR | dred Hugh | hson Se | ADDRE | | 3 | MATE INTERVAL |
| CERTIFICATION | PART 2. OTHER SIG | | AST T | DNTRIBUTING TO | | | | 20a AUTOP | | 206. IF YE | IVEN IN PART 10 ES, WERE FINDI IFYING CAUSES | NGS USED |
| MEDICAL CERTIF | 21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED | CAUSE OF DEA | Р. | M. MONTH D | AY YEAR | | V INJURY OCCURE | | NO N | _ | PART 1 OR PART 2) | но 🗌 |
| MED | WHILE NOT AT WORK | WHILE WORK | 21e PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFFICE, 1 | FARM, ETC.) | 21f LOC | ATION EET | c | ITY OR TO | WN | COUNTY | STATE |
| | | sed alive an | Jan. 2 | 19_ | | | y (aur) apinion | death accurred | | ate and ha | | |
| | 226. SIGNATURE | H | Thell | J. M. I |), ' | 22e ADD | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STA PHYSIC | | | 22, 1979 |
| | JOHN H. | SHELB | | 0' | | Natio | onal Nava | | | Cente | r, Beth | esda,Md |
| (| BURIAL, CREMATION SPECIFY) BURIAL | N, REMOVAL | 1/24 | | NAME OF CI | | TIONAL | | TYNGT | | RETNETON | |
| 24 FI | RÖBERT A. | PUMPH | REY FUN | ERAL HOME | BETH | ESDA, | MD JAN 2 | 6 1979 | SISTRAR | | McCre | |

DHMH - 16 50M 1/76 (VR A 15 (4))

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SAMERE JOHN FURESON. J. January 21 1970 95:28
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                      Pathusda. National Mary Medical Conter . . I. Mavyallar . .
                      Floring Suval decisenville on 5717 Endmarked Drive
                   Eoward John Mucheck Dr. Elizabeth Mary | C'Connell
                      Yesm, 1943-1969 136 32 6274 Mildred Euglmon Edd item 13
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              79 t. 29 // 75 Jan. 21 79 //
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Petional Hayal Teuical Cantur, Lothosop, Md.
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BORREY A. PUREMEY FURENAL KARO BETHERDA, MOLDAN MINTE

STATE OF MARYLAND

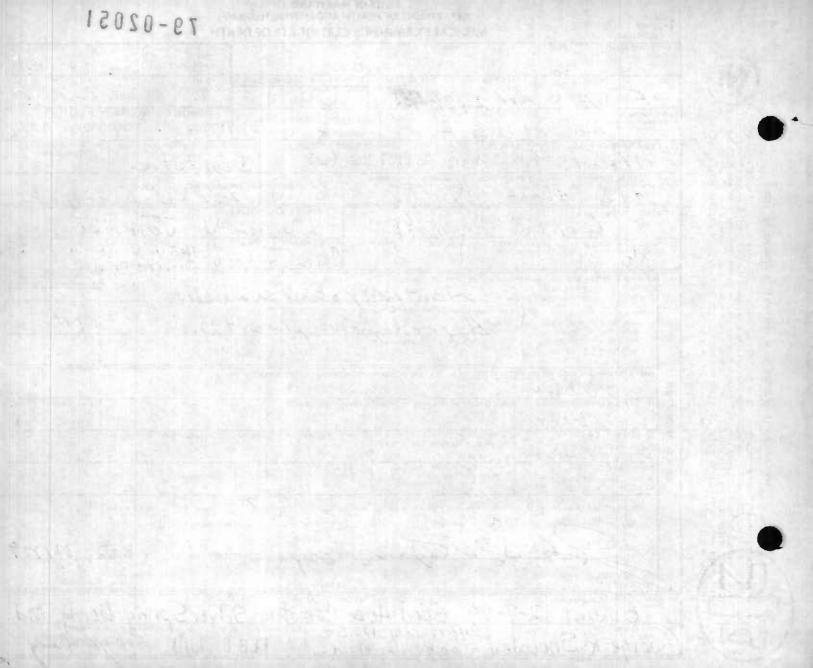
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02050 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED IS AME 20 DATE OF DEATH Lelia Isaacs-Mae 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH Female Caucasian Mav 1894 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED La. USA nmer DIVORCED [18 CITY OR TOWN OF DEATH Bethesda Housewife Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Montg. Chevy Chase 4809 Chevy Chase Drive NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Un kn own Unknown 740 PREWisconsin Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 521-18-3258 William A. Wolkman, Jr. Bethesda, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one couse per line for to , the ond ic PART I. DEATH WAS CAUSED BY: 22/2 PRESTON ST. IMMEDIATE CAUSE A CONSEQUENC Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost NOTIVONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [YES 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE STOVIVOR 22s I certify that (I) (this beautal) ettended the deceased from sow the deceased alive on advivaria 6 10 T and that in (my) (que) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body oftel depth 22b. SIGNATURE DEGREE DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT with the St LIAN'S NAME (TYPE OR PRINT) 22e ADDRES 0 THE NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, RAMOVAL STATE eb.1. 1979 Rockville Cem Rockv TO ALLERY Pumphrey Funeral 250 DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Homes, P.A. (VR A 15 (4)) Bethesda, Md.

THE TANK THE CHICAGO WELL THE TOTAL 14. Nonty. Dievy Chees AND Chery Charles Drive .ovA disconsis 1647 CLICATE THE STATE OF THE STATE

Lucius Control of the Moleston, P.A. . . McChasen, M. Co.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Jackson DEATH MATED Ada 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Jan DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED & DIVORCED 10 CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Montgomery "General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 2120 YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST INFORMAN 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, C ony. NO E YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE [DIRECTOR: 1 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian ARYLAND, death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL FUNERAL DIER DEATH, LTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT ADDRESS TO AFT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23 NAME OF CEMETERY OR CREMATORY BP 24-EUNERAL DIRECTOR 256. REGISTRAR" **DHMH-17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL BYCIENE

| | 1 - | STATE REGISTRAR | | DEFARIA | | ICATE OF DEATH | REG. 7.9 | -02052 | |
|----|---------------|--|-------------------------------|------------------------------------|-------------|--------------------------------|--|---|--------------------------------|
| | I DEC | CEASED NAME FIRST SINCE | M | DDLE | J | ast as an | 20 DATE OF DEATH MONTH | | 137 pm |
| | 3 SEX | (| 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | | HOURS MIN |
| | | Female | White | е | Ap | r. 29, 1897 | 82 _Y | RS MONTHS DATS | MIN MIN |
| 0 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF V | HAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COL | | |
| 7 | | New York | USA | | WIDOWE | DIVORCED | MONTGOM | ERY | MD. |
| | 10 CI | TY OR TOWN OF DEATH | (IF NOT IN SUCH | FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | ING LIFE) INDUSTRY | BUSINESS OR |
| 2 | | Rockville | | | | ter Washingtor | Office Empl | oyee Dept | of HEW |
| 7 | 13a S | o.C | OTHER INSTITUTION (| Washing | N | YES X NO | 130 STREET ADDRESS 2900 Erie S | treet S.E. | |
| 7/ | 14 FA | | aron | Schoen | oerge: | IS MOTHER'S MAIDEN NAM GUSSIE | MIDDLE | Spit | zer |
| 3 | 160 W | VAS DECEASED EVER IN U.S. AR | MED FORCES? WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMANT | ADDRESS | | N.Y. |
| 2 | | es, no or unknown) (1f yes, give | | 084-05- | 7546 | Ruth Gross; | 465 E. Lincoli | | |
| | | 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate | E CAUSE (D) | as a conseque | NCE OF | 0 | | 3 day | ATE INTERVAL ISET AND DEATH |
| | | couse 10), stating the underlying couse lost | (c) | AS A CONSEQUE | 28 4 | uttriosclores | | 5ypt | via , |
| | NO | ongenic bhain Age | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | | | | N WAS PERFORMED | 20a AUTOPSY? 20b. I | IF YES, WERE FINDING ERTIFYING CAUSES O YES | |
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M | MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITE | m 18, PART 1 OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C (AT HOME, STRE | F INJURY ET, FACTORY, OFFICE, F | ARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | | 22a.1 certify that (this hospi sow the deceased alive on above, (1) (we) (did) (did no | 117 | 19 7 | , 01 | | , to | | |
| 4 | | Marrice Fra | | | | DEGREE MD ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 220. DATE ST | GNED 79 |
| 1 | | Maurice Fra | nKs, M.D | | | 6121 Modrose RS, | Rodville, ms | 20852 | |
| | 23a. B | SPECIFY) REMOVAL | | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| | | Burial | 1-10- | | | Carmel Cem. | Brooklyn, | | |
| | 24. FU | JNERAL DIRECTOR NAME LINZANSKY—Goldbei | or Chane | AOORESS RO | Rock | lle, Md. 250 PAN | REGIO BY REGISTRAR 25h RE | GISTRAR'S SIGNATUR | RE |
| | LAC | TISOTIONA -COTODGI | ry chape. | TO! TTIO | TICKY. | ATTTE TIVE | | 1 | |

DHMH - 16 60M 1/75 (VRA 15 (4))

BP.

| | | FOR STATE REGISTRAR | DEF | ARTMENT OF H | OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GIENE 7 | 9-02053 | |
|--|---------------|--|---|-----------------|---|--|---|----------------------|
| nay be page 3 r death | {TYPE | CEASED NAME FIRST ANNA | | JAR | BOE | JA | N 279 | 26 HOUR 5-20 A |
| medor, p | 3 SE | FEMALE | White | S. DATE C | | 6 AGE (IN YEARS LAST BIRT | YRS. | HOURS MIN |
| destin. Pour dining X thousand di | W | IRTHPLACE STATE OR FOREIGN OUNTRY ASh DC | 76 CITIZEN OF WHAT COUN | WIDOWE | | MONTEOR | | |
| by the filed with filed with | TAI | KOMA PARK | 11. NAME OF HOSPITAL, N SIENOT IN SUCH FACILITY, GIVE SIGO GARD | STREET ADDRESS) | resine Home | 12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O | | BUSINESS C |
| in 24 hou filled in hould be | W. | AT RESIDENCE (IF NURSING HOME OF STATE 136 OUN REYLAND | VIY 13c. CITY OF | | 136. INSIDE CITY LIMITS? YES NO | BOX 39 | RTI | |
| and 2 s | 14 F/ | THER'S NAME FIRST GEORGE | MIOLE Gibb | S S | 15. MOTHER'S MAIDEN NA Mary | Lusby | Mate | by |
| n ond co | 16a. \ | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE | E WAR OR DATES) | SECURITY NO. | D SIGO | ADDRE | ss as Carrollavi | E TAKIT |
| equires that the death cert is signed by the attending Then please remove carbon to buriol, cremation, or re njury, or ather troumatic e | NO | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C | F1 - 1 | SEQUENCE OF | Massive El | | DITION GIVEN IN PART 110 | K |
| he law re an. has been t permit. aws any | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | VHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND IN IN CERTIFYING CAUSES O YES [] | |
| IG PHYSICIAN: T ottending physical physical ter this certificate is the buriol-transi and Mental Hyghrided or them 18 sh | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (FETTHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK | | 19 | 21c HOW INJURY OCCUR 21f. LOCATION STREET | RED (ENTER NATURE OF INJUR | | STATE |
| IL OR ATTENDING the hospital or IL DIRECTOR: After use of the other of the other it is the other of the other it is the other of the other other of the other | | 226. SIGNATURE | 1 - 1 | _19, or | d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN I | death accurred on the do | ote and hour and from the co | |
| TO HOSPITAL retained by the TO FUNERAL should be defound the Store with the Store | | 22d. PHYSICIAN'S NAME (TYPE O | PREPRINTY HOME | | 220. ADDRESS 8323 HADZ | | AKOMA PK | N.D |
| BP | 23a. | BURIAL, CREMATION, REMOVAL Burial | | | EMETERY OR CREMATORY hns Cemeter | 23d. LOCATION CITY OR TOWN TO HOLLY WO | od St. Mary | state Md |
| DHMH - 16 50M 7/77 (VR A 15 (4)) | 24. F | UNERAL DIRECTOR | | | 25a. PA | FRES'D. BY PEGISTRAR | 256 REGISTRAR'S SIGNA | IRE |

STATE OF MARYLAND

medical examine must be notified at one

jury, or ather troumatic event, th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burrol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

etoined by the hospital or attending physician

MPORTANT: If Item 21 is morked or Item 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

79-02055

| | 1 - | FOR STATE REGISTRAR | | CERTIF | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO | 02055 | |
|--------|---------------|---|---|---------------------------------|--|--|---|-------------------------------|
| | (TYPE | CEASED NAME FIRST PRINTIPE BASI | E. JO | hn S. DATE C | SON- | | MONTH DAY YEAR 17.1979 HDAY IF UNDER 1 YEAR | 45PM |
| To all | 3. SEX | male | white | | 13°,1895 | 83 | | AYS HOURS MIN |
| 5 | 70 BII | RTHPLACE (STATE OR FOREIGN OUNTRY) and | U.S.A. | ? 8. MARRIE WIDOWE | NEVER MARRIED DIVORCED | MONTGO. | RCOUNTY OF DEATH | MD. |
| 10 | 10 CI | heaton | 11. NAME OF HOSPITAL, NURS | ING HOME | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CAPPENTER | WORKING LIFE INDUST | ID OF BUSINESS OR |
| 3 | 13a. S | AL RESIDENCE (# NURSING HOMEOR STATE 13b COUN Maryland Howar | TY 13c CITY OR TO | WN | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS 6609 Rt# | 29 | |
| 7) | 70 | ATHER'S NAME Basil | Johns of | 1 | Is MOTHER'S MAIDEN NAMER'S MAIDEN NA | WIDDLE | Manake | LAST D E |
| 2 | | VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE | AED FORCES? 166 SOCIAL SEC WAR OR DATES) 212 14 | | Florence John | ason Columb | t# 29 | 046 |
| | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. | DUE TO, OR AS A CONSEQUENCE OF THE CONSTRUCTION OF THE CONTRIBUTING TO THE CONDITION FOR WHICE | JENCE OF | | INAL DISEASE OR COND | 20b. IF YES, WERE FIN IN CERTIFYING CAU | NDINGS USED ISES OF DEATH? |
| g | MEDICAL CERTI | 210. ACCIDENT WAS UNDERLYING OR OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | DAY YEAR 19 , FARM, ETC.] | 21c HOW INJURY OCCURR | YES NO | | NO _ |
| 1 | / | 22a. I certify that (I) (this hospit sow, the deceased alice of above, (I) (we) did (did not 22b. SIGNATURE | Dew the bady ofter death. | 79.0 | DEGREE ATTENDING PHYSICIAN | , to, to | 22c, D. | the couses stoted ATE SIGNED |
| | 23a. B | BURÍAL, CREMATION, REMOVAL SPECIFS) burial | 1 1 | | EMETERY OR CREMATORY KS Cem. | | Howard, Ma | aryland |

SLACK Funeral Home, Ellicott City, Maryland 21043

DHMH-16 50M 7/77 (VR A 15 (4))

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STATE OF MAKTLAND

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remove corbon papers. Pages 1 and 2 should be filed

offending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carbompape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02057 7 0

| 1 | REGISTRAR | | | REG. NO. | |
|-----------------------|---|--|---|--|--|
| 1. DE (TYPE | ECEASED NAME FRST EOR PRINT) ALICE | WIDDLE | KAISER | 1-25-79 | AR 26 HOUR 11 25 |
| 3 SE | | 4 RACE Cauc | S DATE OF BIRTH MONTH DAY YEAR 15 1899 | 40 | YEAR IF UNDER 24 H |
| 70 B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 10 (0) | 9 BALTIMORE CITY OR COUNTY OF DEAT | гн |
| | ebraska | U.S.A. | WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION | Montgomery 120 USUAL OCCUPATION 126 KI | ND OF BUSINESS |
| | ethesda / | Bethesda Heal | lth Center | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS | in Watc |
| | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR | OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TOV Clintor | RE ADMISSION) NN 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS 6202 Armor Dr. | |
| | John E. Ander | MIDDLE LAST | 15 MOTHER'S MAIDEN N FIRST Antonia | E. Krochewski | LAST |
| - 0 | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI | WAR OR DATES) | | I. Foltz same as 1 | 3 |
| | Conditions, if any, which | DUE TO, OR AS A CONSEOU | JENCE OF Ateny I | rest Disease | |
| TION | Conditions, if any, which gove rise to immediate couse ia, stating the underlying couse lost PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | JENGE STAND ENTERING CHEATER BUT NOT RELATED TO THE TER | lerpi, athitis MINAL DISEASE OR CONDITION GIVEN IN PAI | |
| TIFICATION | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | JENCE Exlis enteristo auterisc | lersi, arthitis | INDINGS USED |
| CAL CERTIFICATION | Conditions, if any, which gove rise to immediate couse ia, stating the underlying couse lost PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSEQUE b1 | JENGE STILLS PLENTS DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED 716 HOW INJURY OCCU | Pleumolisters or condition given in PAI 200 AUTOPSY? 206 IF YES, WERE FINCERTIFYING CAI | INDINGS USED USES OF DEATH? NO |
| MEDICAL CERTIFICATION | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE | DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D | DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION | Pleumolis LESASE OR CONDITION GIVEN IN PAI 200 AUTOPSY? YES NO NO YES TO THE PROPERTY OF THE PAIN CERTIFYING CAI YES NO NO YES TO THE PAIN CERTIFYING CAI | INDINGS USED USES OF DEATH? NO [] |
| | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEPART (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 270.1 certify that (I) (this hosping sow the deceosed alive an obove, (I) (we) (did) (did not obove, (I) (we) (did) (did) (did) (did) | DUE TO, OR AS A CONSEQUENCE OF TO THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, tol) oftended the deceased from | DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 FARM, ETC.) 216. LOCATION STREET 79 , and that in (my) (our) opinion | Pleumolist ALTHIUS MINAL DISEASE OR CONDITION GIVEN IN PAI 200. AUTOPSY? YES NO YES NERE FIN CERTIFYING CAI YES NO YES COUNTY IN ITEM 18, PART 1 OR PAR CITY OR TOWN COUNTY 1/25/19/79 1 death occurred on the date and hour and from | INDINGS USED USES OF DEATH? NO T 2) Y STATE , that (1) (we) in the couses state. |
| | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (I) (this hasping sow the deceased alive an obove, (I) (we) (did) (did not 27b. SIGNATURE | DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 11b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 11) oftended the deceosed from 119 11 view the body offer death. | JENCE CLIS INCLUSION DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 211. HOW INJURY OCCU PARM, ETC.) 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN | Pleumolist ALTHIUS MINAL DISEASE OR CONDITION GIVEN IN PAI 200. AUTOPSY? YES NO YES NERE FIN CERTIFYING CAI YES NO YES COUNTY IN ITEM 18, PART 1 OR PAR CITY OR TOWN COUNTY 1/25/19/79 1 death occurred on the date and hour and from | INDINGS USED USES OF DEATH? NO TO THE PROPERTY STATE The property of the prop |
| | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEPART (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 270.1 certify that (I) (this hosping sow the deceosed alive an obove, (I) (we) (did) (did not obove, (I) (we) (did) (did) (did) (did) | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) IPPLOAD TO | JENCE CLUB ALLENGE DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED JAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN | Pleur of Land Part 1 or Pa | INDINGS USED USES OF DEATH? NO T 2) Y STATE , that (1) (we) in the couses stated |

JO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

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7.30 Deg 10

theads Letherd Balth cut r Lotine Later Main March id. P.C. Cidatec a 120 reor in the John 1. anderson . antenda . anderski

atlanded minoria co. Marts Com. Lincoln Mebricalia Los lin eral longe inc.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

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MPORTANT: If Rem 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical example of the state of t

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

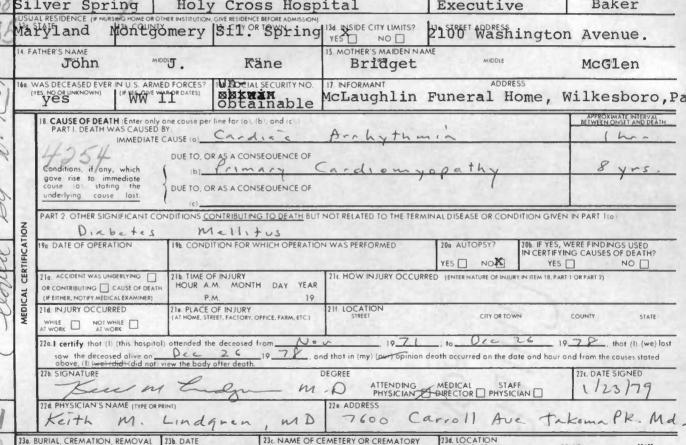
79-02058

| | REGISTRAR | | | | CERTII | CATE OF DEATH | REG. NO. | | | | |
|---------------|--|------------------|---------------------------------------|---|-----------------------|--|--|------------------------------|---------------------------|------------------------------------|--|
| | ECEASED NAME | FIRST | A | AIDDLE | ı | AST | 20. DATE OF DEAT | | DAY YEAR | 26. HOUR | |
| (TYP | PE OR PRINT) | Edwar | d A | nthony | K | lane | January | 04, | 1979 | 1:20 A | |
| 3 SE | EX | | 4 RACE | 7 10 7 | 5. DATE C | | 6 AGE (IN YEARS LAS | F BIRTHDAY) | IF UNDER I YEA | | |
| | Male | | Whi | te | Ju1 | | | 58 YR | MONTHS DAYS | HOURS MIN | |
| 7a. B | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | | 76 CITIZEN OF WHAT COUNTRY? | | MARRIED NEVER MARRIED | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| | N. Y. | | US | | WIDOWED DIVORCED | | | | | MD | |
| 10 0 | Bethesda | 9 | (IF NOT IN SUC | OSPITAL, NURSIN H FACILITY, GIVE STREET . nical Cen | ADDRESS] | ROTHER INSTITUTION Bethesda NIH Md. | (TYPE OF WORK FOR MC | ST OF WORKING | G LIFE) INDUSTR | Private | |
| USU 13a | JAL RESIDENCE (IF NUR | SING HOME OR | OTHER INSTITUTION, | GIVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRE | cc | 1110 | | |
| 437 | New York | | hester | Hartsdal | | YES X NO T | 500 High | | Drive | | |
| 14. F | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NAM | | I O IIII C | DILVE | | |
| C. | FIRST | | MIDDLE D | LAST | | FIRST | MIDDE | _ | | AST | |
| _ | aspare was deceased ever | INITIS AD | | acane | DITY NO | Lucy | 1 - 1 - 37 - AF | | iscano | - | |
| | (YES, NO OR UNKNOWN) (IF YES, GIVE | | WAR OR DATES) | Halesdale, New 101 | | | 10530 | INVAS - IV | | | |
| 1 | No | | 093-09-8473 Mrs. Leone Kane, 500 High | | | | High P | | | | |
| | 18 CAUSE OF DEATH | ly one couse per | ine for (a), (b), and (c) | | | | | BETWEE | NIMATE INTERVAL | | |
| | PART I. DEATH WAS CAUSED BY: CARDOGENIC SHOCK | | | | | | | 6H0 | DURS | | |
| | Conditions, if ony gove rise to im couse to im state | mediate | (b) | | VALV | E REPLACEME | NT | | 12 | HOURS | |
| | underly and lead | | | AS A CONSEQUENCE OF CORONARY ARTERY DISEASE | | | | YEARS | | | |
| NO | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERATION 19b COI | | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES XX NO YES XX NO | | | S OF DEATH? | |
| | OK CONTRIBUTING CHOSE OF DEATH | | | M. MONTH DAY YEAR | | | ED (ENTER NATURE OF | INJURY IN ITEM | 18, PART) OR PART 2] | | |
| MEDICAL | (IF EITHER, NOTIFY MEDICAL PROCESSES OF THE PROPERTY OF THE PR | | P./ 21e. PLACE (| | 19 | 211 LOCATION | | | | | |
| MEC | WHILE NOT W | | | EET, FACTORY, OFFICE, F | ARM, ETC.] | STREET | CITY OF | NWOT | COUNTY | STATE | |
| | 220.1 certify that X | (this hospi | tal) attended the | deceased from_ | Decem | ber 17 _{.19} 78 | _, to Janua | ry 04 | 19_79 | , that XI) (we) lost | |
| | sow the deceased alive on January 04. 19. 79. and that in (My) (our) opinion death occurred on the date and hour and from the causes stated above. M (we) (did MA por view the bady after death. | | | | | | | | | | |
| | sow the deceos | ed olive on | view the body | ofter death. | , 0. | a mor m (my) (cor) opinion o | eom occorred on ir | e dote and I | nour ond from th | | |
| | sow the decess obove. X1 (we) (22b. SIGNATURE | did XXX | view the body | ofter death. | | DEGREE | | | | ESIGNED | |
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| 230. | 226. SIGNATURE | AME (TYPE OF | chalit | Curr death. | | DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR PHI alth, Bet | STAFF YSICIAN A hesda, | Md. 20 | F SIGNED 4-79 0014 itutes | |
| | 226. SIGNATURE | AME (TYPE OF | chalit milit mi | a 23c. N | | ATTENDING PHYSICIAN TO THE Clinical EMETERY OF CREMATORY | MEDICAL DIRECTOR DPH | STAFF YSICIAN A hesda, | 22c. DAI 1-L Md. 20 | 1-79 0014 | |

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| FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 79-02059 REG. NO. | | | | | | | | | |
|---|---|--|---------------------------------|---|--|--|--|--|--|--|
| DECEASED NAME FIRST TYPE OR PRINT) TOSEPH | Gabriel Gabriel | Kane | 20. DATE OF DEATH MONTH D. | 1949 26 HOUR | | | | | | |
| SEX | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR 3 17 14 | C. Froz (Intreamound) | IF UNDER 1 YEAR IE UNDER 74 HRS ONTHS DAYS HOURS MIN. | | | | | | |
| BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Penna. | 7b. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Montgomery MD. | | | | | | | |
| ilver Spring | (IF NOT IN SUCH FACILITY, GIVE STREET | IG HOME OR OTHER INSTITUTION ADDRESS) Hospital | Executive | 12b. KIND OF BUSINESS OR INDUSTRY Baker | | | | | | |
| SUAL RESIDENCE (IF NURSING HOME O | BOTHER INSTITUTION, GIVE RESIDENCE BEFORE | | 2100 Washingto | n Avenue. | | | | | | |
| Jöhn | Middly. Kane | Bridget | ME | McGlen | | | | | | |
| | RMED FORCES? IN SOCIAL SECU SE WARP R DATES) OD TAIN 3 | McT.aughlin | Funeral Home, | Wilkesboro,Pa | | | | | | |
| PART I. DEATH WAS CAUSI | nly one couse per line for (o), (b), one ED BY: TE CAUSE (o) | A 1 1 | 110 | BETWEEN ONSET AND DEATH | | | | | | |
| Conditions, if any, which gave rise to immediate couse 101 stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE | y Cardiomy | opathy | 8 yrs. | | | | | | |
| PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVE | N IN PART 1(0) | | | | | | |



IMPORTANT:

DHMH - 16 50M 7/77 (VRA 15 (4))

230. BURIAL, CREMATION, REMOVAL Burial -25 - 7924 WarreroE. Pumphrey,

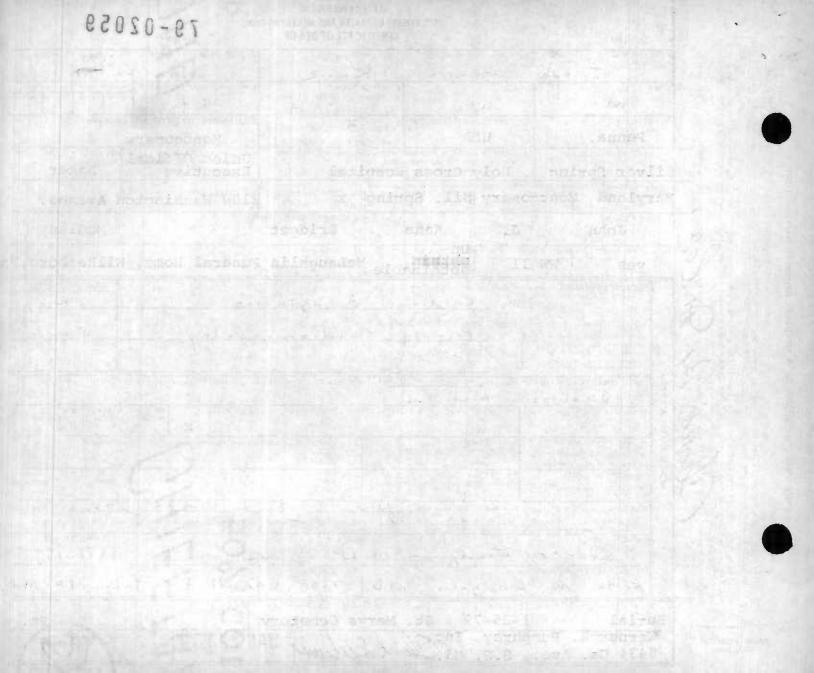
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Marys Cemetery

23d. LOCATION

COUNTY

STATE Pa.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN PO MONTH (TYPE OR PRINT) ESTI-KAPT.AN STANLEY DEATH MATED 4 RACE 3. SEX 5. DATE OF BIRTH A. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 20. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA New York WIDOWED [DIVORCED A FILED, V. O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Elec. Engineer OR INDUSTRY Elec. Eng. 138 INSIDE CITY LIMITS? 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS YES PO NO [22 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rosenberg T. PAGES 1 AND 2 LAST MIDDLE PIRST FIRST Jean Max Kaplan 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Florida (YES NO. OR UNKNOWN) 053-39-2820 Jean Kaplan 2385 N.E. 173rd St. N.Miami Bea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES NO DO BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR The PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Notural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers ADDRESS 1919 Seminary Rd. Silver TYPE OR PRINT) Spring. 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Hialeah, COUNTY Florida Cremation 1-16-79 Slade Crematory BP. 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE **DHMH-17** Joseph Gawleres Sons 5130 Wisc. Ave. Wash. D.C. (VR A15 ME (5)) 30M 7/73

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OF MARYLAND 79-02063 ALTH AND MENTAL HYGIENE

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| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN PRIOR TO BURRAL, CREMATION | z | 11. | CONTRIBUTING TO GENTIN | OF HOT ACCRECO TO THE TENNIN | AL DISCASE OR CONDITION BIVEN | IN PARE ((0). | | |
| REAL MEAL | CERTIFICATION | 190 DATE OF OPERATION | TION CONDIT | ION FOR WHICH OPERA | TION WAS PERFORMED? | | | |
| TALRE HOULD RD "PE CHIEF" USED OF HE, AL, CRE | 2 | 11. | | ION FOR WHICH OFERA | TION WAS PERFORMED! | | | 20. AUTOPSY? |
| OF VITA | E | vone | | | | | | YES NO NO |
| CATE CATE WITH BUILD BUILD BURN TAKEN TAKE | | 210 EXTERNAL CAUSE WAS | HOUR A.M. | MONTH DAY YEAR | 21c. HOW INJURY OCC | URRED LENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PAR | T 2) |
| ON THE THE TO TO TO TO TO TO TO TO TO TO TO TO TO | MEDICAL | CONTRIBUTING CAUSE OF | | 1 -9 1979 | Short . | se It | | |
| CERTIFICATION TO DED TO DEPARE | G | 21d INJURY OCCURRED | 21e. PLACE C | OF INJURY (AT HOME, | 21 LOCATION | | | |
| | 5 | AT WORK AT WORK | 110 | h e | land 1. | 37622 CITY OR TOWN | · / Ja An | NTY STATE |
| E, W RWA PAG STAT | | | | | | | 7 /00 | 346 /40 |
| CAT FOR NO. | | 22a. I certify that I toak charg | e at the remains desc | | | ection . Inquiry L | , and in my api | inian |
| LAN THE BE | | death resulted fram: Natur | al causes , | Accident , Suici | de A, Hamicide | Undetermined man | ner, | |
| DIE WITH ARY | | ACTUAL / | 0/ | | TITLE (SPECIF | Y) | | 7 212 00 |
| AL HOHE | | SIGNATURE | 1/ | (and and | M.D. Dag | MEDICAL EXAMIN | JER SIGNET | Jan 9 1979 |
| MEDICA CUTE THE FIGURE STATE FINER DE STATE FINER D | | - Alexander | T. 1 D | 0 | - 7 | 1010 0! | D1 (| 2 0 1/1 |
| MEDICAL I ECUTE THE ECUTE THE FUNERAL ITIMORE, M | 4 | (TYPE OR PRINT) | John Rog | ers | ADDRESS | 1919 Semin | lary Ko.S | 5.5.Ma. |
| PAGE TO PAGE AFTER BALTY | 23a.B | URIAL, CREMATION, REMOVAL 2 | 3b. DATE | 23c. NAME OF CEME | TERY OR CREMATORY | 23d. LOCATION | | |
| 3007 | | remation : | 1/12 /79 | Ft. Linco | In Cremat | | od PGOUNT | Md. STATE |
| DHMH - 17 | | UNERAL DIRECTOR | | | 250. D | ATE REC'D. BY REGISTRAR | | |
| (VR A15 ME (5)) | Н | ines/Rinaldi | F.H. 118 | 00 N.H. Ave | .Silver S | pring, Md 107 | | - Malanda |
| 15M7/77 | | | | | | 100 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 | | 770 - 000000 |

John Rogars 1919 Seminary Rd. S. S. Mt.

Oresettion 2/- /79 Ft.Lincoln Granatory Brantwood 2G III.

Binds/Rindlds W.H.11800 N.E.Ave. Silver Spring. Md.

79-02066 FOR " DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) Aisha 1979 Khan 10. 11:15A January 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS DAYS HOUR5 Feb 18 1901 Female White To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Pakistan India WIDOWED DIVORCED | Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Olnev DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Montgomery General Hospital Housewife none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 12014 Bluehill Road 13d INSIDE CITY LIMITS? Wheaton Mont Maryland NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST U/K 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Waldolf, Md. (IF YES, GIVE WAR OR DATES) TYES, NO OR UNKNOWN) Sone Saleem Khan -84 Forrest Glenn Ct. None no no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY HEPATIC FAILURE 1 week DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION SEPTICEMIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ö 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE'. NOT WHILE MUMPH JANUARY 10 19 79 22a | certify that (1) (this-hospital) attended the deceased from haspital saw the deceased alive on JANJANY 10 , and that in (my) (awe) opinion death accurred an the date and hour and from the causes stated above, (1) (me) (did) (did met) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL MO JAN. 10,1479 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220 Add 620 Georgia Ave. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Barry Hecht, M. D. Silver Spring, MD 20902 230 BURIAL CREMATION REMOVAL 23h. DATE 23c NAME OF CEMETERY OR CREMATORY 236. LOCATION STATE (SPECIFY) Falls Church, Va. 1-11-79 Islamic Gardens Cem. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERALD/RECTOR DeVol Funeral Home DHMH - 16 50M 7/77 (VR A 15 (4)) b Washington, D.C.

| | Toal 81 1995 | in all | trw/ | Peacify. |
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| Massault's etlesseall | | | | |
| tons Blocking con | v. | Ment on | . 200-2 | EmmlynoM |
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| .M. Libbles .Al unelo secret 48- m | Some Sales Th | Kone | on | 0.0 |
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| of the Land | | | | |

International Control of Police Control Val.

To Val Dunaral Hore
Mashianter, L.C.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | | | | TO DAIL OF DEATH | | | 20.1100 |
|---------------|---|--------------|-------------------|-----------|-----------------------------|--------------|-----------------------|----------------------------------|
| Fari | da | Kha | an | | January | 2, | 1979 | 2 10 m |
| 530 | 4 RACE | 5. DATE O | | | 6. AGE (IN YEARS LAST B | RTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | Caucasian | Aug | . 1°0, 1 | 924 | 54 | YR | MONTHS DAYS | HOURS MIN |
| EIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. | NEVER MARK | urn [] | 9 BALTIMORE CITY | OR COU | NTY OF DEATH | |
| | U.S.A. | WIDOWE | | - | Montgor | nery | County | MD. |
| Н | 11. NAME OF HOSPITAL, NURSIN | G HOME O | R OTHER INSTITUT | | 120 USUAL OCCUPA | TION | 126. KIND C | OF BUSINESS OR |
| | 5225 Pooks Hi | | oad | | Homemak. | er working | G LIFE) INDUSTRY | е |
| 36 COUN | other institution, give residence before ITY 13c. CITY OR TOWN Egomery Bethes | da l | 134 INSIDE CITY L | | 13. STREET ADDRESS | ooks | Hill R | oad |
| , | Futuni | | IS MOTHER'S MA | | WIDDLE | | Mehå | 5T. |
| | MED FORCES? 168 SOCIAL SECUI | RITY NO. | 17 INFORMANT | | Chevyo | resh a | se, Mar | |
| (IF YES, GIVE | 5 77 - 72 - 3 | 2699 | Sameer | а На | rtsough | 4450 | | |
| Enter on | ly one cause per line for (a), (b), and | 11011 | | , | ./_ | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| S CAUSE | E CAUSE (0) Car cun | ama | - 01 | brea | ST | | 7 | 415- |
| | DUE TO, OR AS A CONSEQUE | NCE OF | D | | | | | |
| which | (b) | THEE OF | | | | | 100 | |
| diate | | | 11-11-1-1-1 | | | | | |
| lost | DUE TO, OR AS A CONSEQUE | NCEOF | | | | | | |
| FIG ANIX O | (c) | E A THE BLAT | NOT DEL LIED TO | THE TERM | 1111 DISEASE OR CO | NO ITION | CHIENLINI DARVIL | |
| FICANIC | CONDITIONS CONTRIBUTING TO D | JEATH BUT | NO! KELATED TO | INE IEKM | INAL DISEASE OR CO | NUITION | GIVEN IN PART I | 01 |
| ON | 198 CONDITION FOR WHICH | OPERATIO: | N WAS PERFORME | D | 20a AUTOPSY? | | YES, WERE FIND! | |
| | | 865 | | | YES NO | IN CE | RTIFYING CAUSES YES | NO [|
| RLYING _ | HOUR AM MONTH DA | Y YEAR | 21c HOW INJURY | OCCURR | ED (ENTER NATURE OF IN | JURY IN ITEM | 18, PART T OR PART 2) | |
| USE OF DEA | P.M. | 19 | | | | | | |
| D | 21e PLACE OF INJURY | | 211 LOCATION | | CITY OR T | 014/01 | COUNTY | |
| E 🗆 | (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) | SINEEL | | CHIORI | I WN | COUNTY | STATE |
| his hospit | tal) attended the deceased from | 12/1 | 2 | .78 | 10 1/2/ | 24 | 10 70 | that (we) last |
| | 12/2/ View the body ofter death | e on | d that in my (our | opinion o | death accurred on the | date and | | |
| 7 | 7 , 0 | | DEGREE | | | 21.6 | 22c DATE | SIGNED |
| 7 1 | 1) malsky in | 0 | ATTEN PHYS | ICIAN D | MEDICAL ST | AFF | 1-2 | - 79 - |
| AE (TYPE O | R PRINT) | | 22e ADDRESS | | | | | |
| . Вт | codsky, M.D. | | 4701 W | i 11a | rd Ave.Cl | nevy | Chase, | MD |
| EMOVAL | | | METERY OR CREM | | 23d LOCATION CHY OR LOWN | | _ COUNTY : | - STATE |
| on | | | olitan | | | | a, outing | 0 |
| Robe | ert A. Pumphre | y Fu | neral | 250. DATE | REC'D. BY REGISTRA | R 256. REC | SISTRAR'S AIGNA | URE dy |
| .A. | Bethesda, Ma | aryla | nd | JA | 11 0 1313 | | / | / |

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

Homes, P.A.

BP

| Contract & Arthurst | | mbir. | |
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| | 141.1.6 | onital simple | olesal |
| viminal productions | | | 6.07 |
| | been I | | saculars. |
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| . Secul (vad) swa br | | .u.n. vienna | |
| Tigray inlabancal? | tropolites Gram y sumern! tyland | n 11/2/79 allores | oilmot. Financia |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| _ FOR | | | STAT | E OF MARYLAI | ID ENTAL HYGI | ENE | 1134 | 79-0 | 206 |
|--|---------------------------------------|--------------------------|-------------------------------|-------------------------|----------------------|--------------------------|---------------------|-----------------------------|-------------|
| REGISTRAR | | ME | DICAL EXAMINE | R'S CERTIFIC | CATE OF D | EATH 7 8 | | 1130 | A. T |
| . DECEASED NAM | E FIRST | | WIDDLE | LAST | | 20. DATE KNO | WN MONTH | DAY YEAR | 26 HOUR |
| (TYPE OR PRINT) | Bill | V | Joe | King | | OF ES DEATH MA | 11" | 17 19 79 | |
| SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEAR | S IF UNDER I YR. | IF UNDER 24 HI | | MONTH | DAY YEAR | 2d HOUR |
| Male | White | | 1957 21 YRS | . Indiania dais | HOURS MIN | PRONOUNCED DEAD | 1 | 17 19 79 | 14.10 |
| BIRTHPLACE (S | STATE OR | 76. CITIZEN OF WE | | MARRIED X NE | VER MARRIED | 9 BALTIMORE | CITY OR COUN | TY OF DEATH | |
| Mary la | .nd | U.S. | A. | WIDOWED - | DIVORCED [| | ntgomery | County. | ME |
| CITY OR TOWN | OF DEATH | | PITAL, NURSING HOME, | OR OTHER INSTITU | TION 12a. | USUAL OCCUPATION | ON (TYPE OF WORK | 126 KIND OF BL OR INDUST | |
| 01ney | | | mery General | Hospita | | onstructi | | OK II VOOSI | KI |
| SUAL RESIDENCE | (IF IN NURSING HOME | OR OTHER INSTITUTION, GI | 13c. CITY OR TOWN | 13d INSIDE C | | STREET ADDRESS | 011 1102 15 | | |
| Md. | Monts | zomery | Gaithersbu | | | ll Chestn | it St _ | Ant. 2 | |
| FATHER'S NAM | | | | IS. MOTH | R'S MAIDEN NA | MF | 10 00. | | |
| John | Wiles I | MIDDLE | King | | IRST | WIDDLE | | LAST TO THE | |
| a. WAS DECEASE | D EVER IN U.S. AR | MED FORCES? | 166. SOCIAL SECURITY | | orena | Al | DDRESS 8 N | Evans | L Des |
| (YES, NO. OR UNKNO | OWN) (IF YES, GIVE | WAR OR DATES) | 215-72-750 | 0 7-1- | 2 - 2 - 1 | 77.4 | | . Summit | o Dr. |
| No | | | | Z Latr | icia A. | Alng | Gaithe | rsburg | Md. |
| PART I DE | OF DEATH (Enter or EATH WAS CAUSE | | for (a), (b), and (c).) | 1 - | | | | BETWEEN ONSE | T AND DEATH |
| 015 | | TE CAUSE (a) | Cranio-Cerel | oral Inju | cies | | | | |
| 2610 | 0 | DUE TO, OR | AS A CONSEQUENCE OF | F | | | | | |
| | ns, if any, which | | | | | | | TOO ST | |
| | ise to immediate) stating the under- | | AS A CONSEQUENCE OF | F | | | | | |
| lying cau | use last. | | | | | | | - C- | |
| BART 2 BTHER C | CHICICANT CRADITIONS | (C) | BUT NOT RELATED TO THE TERMIN | III BICCACC BRICANNIA | | | | | |
| | IONITICANT CONDITIONS | CONTRIBUTING TO BEATR | BOT NOT KELATED TO THE TERMIN | AC DISEASE OR COMULIN | N DIVEN IN PART I (0 | | | | |
| 19a. DATE OF 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY (WHILE | POPERATION | LISE CONDU | TION FOR WHICH OPERA | TIONI WAS BEREOR | MED3 | | | In | |
| S I've. DATE OF | OFERATION | 198. CONDI | ION FOR WHICH OPERA | TION WAS PERFOR | WED? | | | 20. AUTOPSY | ? |
| | | | | | | | | YES 🛣 | NO 🗆 |
| UNDERLYING | AL CAUSE WAS | HOUR AS | MONTH DAY YEAR | | OCCURRED (EN | ITER NATURE OF INJURY II | TEM 18 PART 1 OR PA | ART 2) | |
| CONTRIBUTI | ING CAUSE OF | | 1 17 19 79 | Driver | of auto | o/fixed o | bject im | ipact | |
| 21d. INJURY | OCCURRED | | OF INJURY (AT HOME, | 21f. LOCATION STREET | | CITY OF TOWN | | | STATE |
| WHILE AT WORK | NOT WHILE E | U) | reet | Sundown | Rd | CITY OR TOWN | | tgomery. | |
| | | | | [20] | | 1 | | | , IIII |
| | | | cribed abave, held an | | Inspection | , Inquiry L | , and in my o | pinian | |
| death result | red from: Natu | ral causes 🔲 . | Accident X , Suic | ide 🔲 , Hami | ide 🔲 / Ur | determined manne | | | |
| ACTUAL SIGNATURE | Karsit | - Breyd | rell | | PECIFY) istant | MEDICAL EXAMINE | DATE SIGN | | /79 |
| EXAMINER'S | NAME Marg | arita A. H | Korell, M.D. | | | | enn Stre | | |
| (STILL OKTIKI | 1111 | | | ADDRESS_ | Tax | | CILII DELE | | |
| (SPECIFY) | TION, REMOVAL | | 23c. NAME OF CEM | | | LOCATION CITY OR TOWN | cou | | TATE |
| Bur | lal | Jan.22, 17 | | Cemetery | | Rockville | Montgo | mery Mo | 1. |
| Tant nen | Sandison | | D. Diamond | | 250. DATE REC'D | BY REGISTRAR 2 | D. REGISTRAR'S | PHY YOUR | 1 |
| er olier | Dation | - · · · Gai | thersburg. | Md. 20/00 | | | | | |

DHMH - 17 (VR A15 ME (5)) 30M 7/73

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFI | CATE OF DEATH | REG. NO. | 79-00 | 2069 | | | | | |
|--|---|--------------------|--|---|---|---------|--|--|--|--|--|
| (TYPE OR PRINT) | IRST MIDDLE | VIA | SINGER | 20. DATE OF DEATH MON | | 26 HOUR | | | | | |
| | legarde A. | | | JANUAR | , | | | | | | |
| 3. SEX Female | 4 RACE White | 5. DATE OF Apr | EBIRTH 11 2 3 07 | 6 AGE (IN YEARS LAST BIRTHDA' 71 | MONTHS DAYS | | | | | | |
| 70 BIRTHPLACE (STATE OR FORE) COUNTRY) Nebraska | The CITIZEN OF WHAT COUN | TRY? 8 MARRIED | X NEVER MARRIED | 9 BALTIMORE CITY OR C | OUNTY OF DEATH | | | | | | |
| 10 CITY OR TOWN OF DEATH Olney | II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Montgomery | JRSING HOME OF | OTHER INSTITUTION | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YOU Teacher | Ret. 126 KIO | hool | | | | | |
| Md. | HOME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 134. CITY OR S. S. | TOWN | YES NO | 3409 Park | er Creek | Lane | | | | | |
| 14 FATHER'S NAME FIRST Conrad Bat | imgartner LAST | | Mary " St | | U | AST | | | | | |
| 160. WAS DECEASED EVER IN | U.S. ARMED FORCES? 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDRESS | Same as | abov | | | | | |
| No | | 32 5704 | Donald Kin | singer (Hu | sband) | | | | | | |
| PART I. DEATH WAS | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) METASTATIC BREAST CARCINOMA IMMEDIATE CAUSE (o) | | | | | | | | | | |
| gave rise to immed cause (a), stating underlying cause | (c) | | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 | | | | | | | | | | |
| 190 DATE OF OPERATIO JANUARY 6, 210. ACCIDENT WAS UNDERL | N 196 CONDITION FOR W | HICH OPERATION | | | b. IF YES, WERE FIND CERTIFYING CAUSE YES | | | | | | |
| OR CONTRIBUTION CONTRIBUTION CONTRIBUTION | YING 216. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCURR | | | | | | | | |
| GIF EITHER, NOTIFY MEDICAL E: (IF EITHER, NOTIFY MEDICAL E: WHILE AT WORK NOT WHILE AT WORK | (AT HOME STREET FACTORY OF | FFICE, FARM, ETC.) | 211 LOCATION STREET | COUNTY | STAT | | | | | | |
| sow the deceased above, (1) (wa) (did) | on January 7 (did not) view the body ofter death. | 19 74 one | d that in (my) (oor) opinion o | to Jawuany | | | | | | | |
| 22b. SIGNATURE | erry Weeks | | TD ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | , | 17/79 | | | | | |
| 22d. PHYSICIAN'S NAMI BAR | | S. A. | 10620 GE | orgia aven | IUE SILVE | 2 SAR | | | | | |
| 230. BURIAL, CREMATION, REA | 1/10/79 | | METERY OR CREMATORY Wn Cemetery | 23d LOCATION CITY OF TOWN Rockvill | county | aMd. | | | | | |

Hines/Rinaldi F.H. 11800 N.H. Ave. Silver Spring, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

13050-05.

Sebraska HdA Sebraska Dinay | Montgonery Can. Lospited | Teacher (Ret.) School

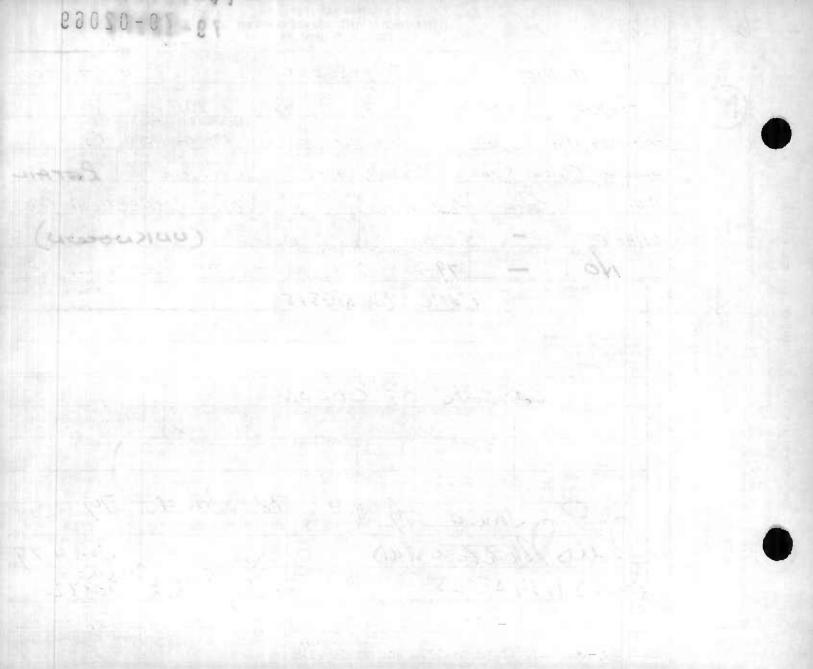
Md. Mont. S.S. X 3402 Parker Creek Lance

dary Serony Y Conrad Baungariner Same as above

220 32 5704 Donald Mineinger (Suebana)

Heriat 1/10/79 Parklawn Cometery Bookvilla Monta Mel. Elman Final E.E. 11810 N.B. Sve. Silver Sgring NB.

| 16 | 1. | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE REG. 140 | 79-02070 |
|---|---------------|---|--|---|--|--|
| or, page 3 | | CEASED NAME FIRST OR PRINTS MOILIE X FFMAIF | MIDDLE A RACE A AUC | S. DATE OF BIRTH MONTH DAY YEAR 7 98 | 20. DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY) YRS | DAY YEAR 26 HOUR 79 72 35 PM IF UNDER I YEAR IF UNDER 74 MES, MONTHS DAYS HOURS MEN |
| s ofter death. Por led within 72 our notified at once. | 13% | RTHPLACE ISTATE OR FOREIGN DUNIRY) HHMORE MC ITY OR TOWN OF DEATH SEE F. CLARE | TO CITIZEN OF WHAT COUNTRY (I.S. 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE SPACE (A.C.) (IV.) (IV.) | 8 MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION | 9 BALTIMORE CITY OR COUNTY 9 BALTIMORE CITY OR COUNTY 120 USUAL OCCUPATION 170 USUAL OCCUPATION 174 USUAL OCCUPATION 5 A JUST COUNTY 6 DE COUNTY 7 TO THE COUNTY 7 TO TH | 12b, KIND OF BUSINESS OR |
| MARYLAND 21201 ed within 24 hours of mpletely filled in by and 2 shauld be file exominermyst be na | 130 | AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUN 136). (THER'S NAME FIRST N | OTHER INSTITUTION GIVE RESIDENCE BEFORM 130 CITY OR TON HENSING LAST | RE ADMISSION) | | ecticut Ave. |
| BALTIMORE, M. cate be executed compers. Pages 1 or val. d., the medicology. | 160 V | VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE | 111101 | | ADDRESS aub; 3113 Becken | ham Ct., SSpg,Md |
| 201 W. PRESTON ST., res that the death certific ned by the attending phypleose remove carbon purial, cremation, or removing, or other traumatic even | NO | Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost | DUE TO, OR AS A CONSEOU | VOMAIOSIS | ainal disease or condition G | BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH |
| VITAL RECORDS, NN: The low requir hysician. icote has been sig ronsi permit Ther Hygiene prior to b 18 shows ony injur | CERTIFICATION | 190. DATE OF OPERATION | | OPERATION WAS PERFORMED | YES NO NO NO IN CERT | ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO |
| DIVISION OF VITAL ENDING PHYSICIAN: The all ar ottending physician by: After this certificate use as the buriol-transis if Health and Mental Hygier is marked or them 18 show | MEDICAL CE | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) this hospit | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Opended the decrosed from | FARM, ETC.) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TO HOSPITAL OR ATTERIORED by the hospital TO FUNERAL DIRECTOR with the Stote Dept of MADORTANT: If them 21 | | Sow) the deceased of each obove, (II (we) (did) (did ho) 276. SIGNATURE 279. PHYSICIAN'S NAME (TYPEOR | William I | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DERECTOR PHYSICIAN | 22 DATE SIGNED Var. 479 20832 |
| 3606 | 230 (| BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | NAME OF CEMETERY OR CREMATORY Eth Sholom Cemetery | 23 LOCATION CITY OR TOWN Capital He: | ights, Maryland |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | nzansky-Goldberg | ADDRESS | Rockville.M,d. 250. DA | TE RECIDIBY REGISTRAR TO REGI | |



| | 1 | FOR - STATE REGISTRAR | DEPARTA | MENT OF H | EALTH AND MENTA | | 7 9 - 0 | 20 | 71 | |
|--|---------------|---|--|--------------|---------------------------------------|--------------------|-------------------------------|---------------------|-------------------------------|----------------------------|
| | | CEASED NAME Lawre | | IPP | AST . | 20 | January | MONTH 28 | 1979 | 26 HOUR 5:20PM |
| tor, pre | 3 SE | | RACE Caucasian | 5 DATE C | F BIRTH 25 191 | | AGE (IN YEARS LAST BIRT | | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN |
| oth. Poge erol direc 172 hours | (| | 76 CITIZEN OF WHAT COUNTRY? | | NEVER MARRIE | D 0 9 8 | Montgomer | _ | OF DEATH | |
| s ofter de | 10 C | ITY OR TOWN OF DEATH Bethesda | 11. NAME OF HOSPITAL, NURSIN | IG HOME O | R OTHER INSTITUTIO | ON 120 | USUAL OCCUPATION | ON F WORKING LIF | 126 KIND OF | BUSINESS OR |
| AND 2120 | 130 | STATE 136 COUN | other institution, give residence before TY 13c CITY OR TOW Greenbe | N | 13d INSIDE CITY LIM | AITS? 13e | STREET ADDRESS 7C Southwa | ay | | |
| MARYLL ompletely ond 2 sh | | arfield | Klipp LAST | | 15 MOTHER'S MAID EThel | EN NAME | MIDDLE | Gı | riffin | |
| be execut | | | MED FORCES? 166 SOCIAL SECU WAR OR DATES) 117 01 | | 17. INFORMANT Larry KI | 1pp 90 | ADDRE | | anassas | Va. |
| quires that the death certifications signed by the attending pthe please remove carbang to buriol, cremotion, or remaining, or other traumatic ever | NC | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D | NCE OF | MEL A | | | DITION GIV | EN IN PART 1(o | |
| AL RECOI | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION | N WAS PERFORMED | | YES NO NO | IN CERTIF | S, WERE FINDIN YING CAUSES | GS USED OF DEATH? NO |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentening physicion. After this certificate has been signs the buriol-transit permit. They have any more though they gene prior to be the order or them 18 shows any mivrorised or the mixture of t | MEDICAL CER | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | OCCURRED | LENTER NATURE OF INJUR | | | |
| AL OR ATTENDI the hospitol or AL DIRECTOR: A lefoched for use the Dept. of Heol | W | WHILE NOT WHILE AT WORK ALL WORK 220.1 certify that 10 (this hospit sow they deceosed alignor obove. It well (tid) that 10 220. SIGNATURE | (AT HOME, STREFT, FACTORY, OFFICE, F. ol) ottended the deceosed from Jan. 28 19 view the body ofter death. | Dec. 79on | 21 , 19 d that in (my (our) o | ING AM | to Jan 2 h occurred on the do | 8, ote and hou | r and from the c | |
| TO HOSPIT. TO HOSPIT. TO FUNER, should be a with the Str. IMPORTAN | 230 | BURIAL CREMATION REMOVAL | N BOHAN, M.D. 236. N 236. N | NAME OF CI | 22e. ADDRESS National METERY OR CREMA | Naval | | | | |
| BP | 24 F | Cremation UNERAL DIRECTOR NAME ASCH'S FUNERAL 1 | Jan 30, 1979 1 ADDRESS HOME HYATTSVILL | Ft Lir | COLI | matory 50 DATE REC | | 25b. REGIST | o Georg | es Md. |

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12791, 123, 1979. Settemen www. majorn Center, Setteste, Mt. J. STEPHIN DIMM, M.D.

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| nay be page 3 | 3. SI | Mary | 1 14 RACE | | S. DATE C | 3000 | 6. AGE (IN YEARS LAST BIRTI | | // / | PM |
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| ₹ ½ ½ = — | _ | MARYLAND MONT | GUMEKY | PILVER 3 | SPRING | YES NO 1 | | KSTIY | OULEVA | IKU WEST |
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| 'IMORE on and o be exect n and o medice | | NO | TE WAR ON DATES, | 579-28-6 | 5380 | MARIO A. L | ascola 612 P | ONDEROS | A DRIV | IE . |
| S, 301 W. PRESTON ST ires that the death cert gred by the attending in please remove carbon burial, cremation, or re- iry, or other traumatic e- | | Canditians, if any, which gave rise to immediate cause (D), stating the underlying cause last. | (c) | OR AS A CONSEO | UENCE OF | | | | | |
| RDS, 3 | N N | PART 2. OTHER SIGNIFICANT | Ator | _ | 21. | NOT RELATED TO THE TERM | AINAL DISEASE OR COND | ITION GIVEN I | N PART I(a) | |
| At RECOR | CERTIFICATION | 19a. DATE OF OPERATION | | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | G CAUSES OF | |
| ON OF VITAL R IYSICIAN: The I ding physician. is certificate has burial-transit pe Mental Hygiene or frem 18 shows | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR | OF INJURY A.M. MONTH | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18, PART 1 | OR PART 2) | |
| VISIO G PHY G PHY er this er the bu | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLAC | P.M. E OF INJURY TREET, FACTORY, OFFICE | . FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | ۷ (| COUNTY | STATE |
| TTENDIP pital or TOR: A for use of for use of Healt | | 220.1 certify that (I) (this heep saw the deceased alive ar abave, (I) (and) (did) (did no | 1 m | 9 19 | 10 | d that in (my) (aur) apinian | , to/ death accurred on the da | e and hour and | | ot (I) (we) last uses stated |
| TAL OR A vy the hoss RAL DIREC detached tote Dept. VT: If them | | 221 SIGNATURE | Cla | hule | , ~ ~ (c) | | MEDICAL STAF | : AN 🗌 | 22c. DAJE SIC | SNED 175 |
| TO HOSPITAL To Flower at the state of the s | | Morta A/ | tsch. | ler med | | 1299 - LAm | | -meder | ming the | 120502 |
| 3209 | | BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | 1/16/7 | 19 | MT. OL | EMETERY OF CREMATORY IVET CEMETERY | 23d. LOCATION CITY OR TOWN | COURT | чтү | STATE |
| DHMH - 16 60M 7/73 {VR A 15 {4}} | | UNERAL DIRECTOR FRANC | | COLLINGESS ED SERTING | MD 2 | 0901 25 AA | FREC'D. BY REGISTRAM | first | / News | Evoly |

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VARIENCE TRUES TO THE PROPERTY ASSESSMENT

TO REPORT OF STREET STREET COUNTY COUNTY

500 UNIV BIVD W. STIVER SPRING MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15 (4))

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| 2 | | - | STATE REGISTRAR | | | | | | | ERTIFIC | | | | RE T | 9-0 | 20 | 15 | |
| | W 1 100 S | | CEASED NAM | FIRST Albar | | N | E. | | | LAST | | 2 | OF | KNOWN ESTI- | w 01 | 22 | 7°9° | 11:30 |
| | LEASE CTOR. FILES. OURS | 3 SEX | (| 4 RACE | | E OF BIRTH | 6 | AGE (IN YEA | | yone | IF UNDER 2 | A HRS 2 | C DATI | MATED | MONTH | DAY | 19 YEAR | P M |
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| | A DE LA SECTION | | | | | | | | WIDOW | ED 🗆 | DIVORCE | 0 0 | | | omery | | | MD. |
| | DELAY IS TO THE P | | Olne | Y | Mo | ME OF HOSPIT NOT IN SUCH FACILI INTGOME | ery | Gen. | Hos | pital | | 12a. USU/ FOR M | OST OF WO | RKING LIFE) | TYPE OF WOR | 12b. KI | ND OF BU R INDUSTI | SINESS |
| 21201 | F ANY DEL. 2, AND 3 TO 3 RETAIN P SHOULD BE I RECORDS | 13a. S | | (IF IN NURSING HOME COUN | | | RESIDENCE BEI | | | 13d. INSIDE CIT | IY LIMITS? | 13e. STREI | ET ADDR | ESS / | Prel | 24 | Not. | 5 |
| MD. 2 | H. 72.2 | 14. F | THER'S NAME | | MIDDLE | | LAS | 18 | 81 | 15. MOTHE | R'S MAIDEN | NAME | 70 | WIDDIE | | 7 | 7 | |
| | URS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM. PAGES 1 AND 2 DIVISION OFWITA | | Edwa | | M. | | L | awyon | | | leanc | r | | Be | rcy-S | mith | LASI | |
| BALTIMORE, | FTER DE FORM FORM ON OF | 16a. V | VAS DECEASEI | DEVER IN U.S. AR | MED FOI WAR OR D | RCES? | | L SECURITY | 200 | 17 INFORM | | | | ADDR | | | | |
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| ST., B | | | 18. CAUSE O PART I DE | F DEATH (Enter an ATH WAS CAUSE | D BY: | | r (a), (b), o | ind (c).) | 1. | | - 10 | / | , | h | | BET | PPROXIMATE WEEN ONSF | T AND DEATH |
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| ` ≥ | AMI AMI | | | stating the under- | 1 | DUE TO, OR AS | A CONSE | OUENCE C | F | | | 1000 | | 70.5 | | | | = - |
| 303 | IN EX | | | | (| (c) | | | | | | | | | | | 312 | |
| DIVISION OF VITAL RECORDS, | ULD BE EXECTIVE MEDICAL SED AS A BUT HEALTH AND CREMATION, | 7 | PART 2 OTHER SI | GNIFICANT CONDITIONS | CONTRIBUT | ING TO DEATH BUT | NOT RELATED | TO THE TERMI | NAL OISEASE | OR CONDITION | GIVEN IN PART | 1 (e). | | ol la | | | | |
| SEC. | OULD BE E OULD BE E JSED AS A F HEALTH CREMATIN | CERTIFICATION | 19e. DATE OF | OPERATION | ne | 198. CONDITIO | NI SOR WA | HICH OPER | ATIONI M | A E DEDECODA | 4ED2 | | | | | Lon | | |
| TAL | 00 デジル・ブ | FIG | TALL DATE OF | 2/one | ~ | 170. CONDINO | NA FOR WI | TICH OFER | ATION W | AS PERFORM | WED: | | | | | | AUTOPSY? | |
| N N | WORD WORD THE CH CD BE U | ERT | 21a. EXTERNA | L CAUSE WAS | | 16 TIME OF IN | | 521L | 21c. HO | W INJURY (| OCCURRED | (ENTER NA | ATURE OF IN | JURY IN ITE | A 18 PART 1 OR | | YES 🗌 | NO De |
| NO | THE THE THE | | UNDERLY ING | OR NG CAUSE OF I | | HOUR A.M. M | NONTH D | AY YEAR | | | | | | | | | | |
| VISIC | FIG. THIS CERTIFICATE SHINE, WARTING THE WORL ORWARDED TO THE CHORNARDED SHOULD BE US STAFE DEPARTMENT OF | MEDICAL | 21d. INJURY C | CCURRED | | 21e. PLACE OF | | AT HOME, | | ATION | | | CITY OR TO | WN | | OUNTY | - | STATE |
| ٥ | # X A D E O | 2 | AT WORK | NOT WHILE C |] | | 7,7,7,000,1, 2,1,0, | | | | | | CITORIC | | | .00111 | | SIAIE |
| | EXAMINER: THE CERTIFICATE, VILL BE FORW DIRECTOR: PAYMENT HE STANDARM ARRYLAND, 212 | | 22a. I certif | y that I taak charg | e of the | No. | bed above, | 7 | Autops | y , | | ₩, | Inquiry | Г | ond in my | opinion | 1,3 | |
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| | HE CHE CHE CHE CHE CHE CHE CHE CHE CHE C | | SIGNATURE | all | 0 | / | - | - | M. | o. De | 79 | MEDIC | CAL EXAM | MINER | DAT | NED 3 | n.73 | 1979 |
| | LA S S NOR | - | EXAMINER'S | NAME . | ~ | | 0 |) | | | Semin | arv | Rd. | Sil | | | | |
| | TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA | 73a B | TYPE OR PRIN | TION, REMOVAL 2 | | . Roge | | ME OF CEN | | CREMATO | | 1234 100 | MOLTA | ~11. | ver S | prin | g, M | α. |
| 32 | ORP | (5 | Buria | .1 | 1/2 | 5/79 | | | | ven C | | CITY OF | Sil | ver | Sprin | E M | aryi | and |
| | DHMH · 17 | 24. F | INERAL DIRECT | son Whee | eler | Funer | al H | ome. | Tne- | 2 | 5e. DATE RE | | | | GISTRAR'S | | | |
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| STATE | OF MAI | RYLAND |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DA E RECD. BY REGISTRING S.S. REGISTRAR'S SIGNATURE

| | 1- | FOR STATE REGISTRAR | | DEPARTA | | CATE OF DEATH | | REG. NO. 79-02076 | | | | |
|-----|---------------|---|-----------------------------|---------------------|--------------------------|---|---|-------------------|---------------------------------|---------------------------------|--|--|
| | TYPE | CEASED NAME FIRST OR PRINT) | | | Le | dgard | 2a. DATE OF DEATH | 1-24 | 179 | 26 HOUR 0 | | |
| TA. | | male | Caucas | | S. DATE O | DAY YEAR | 6 AGE (IN YEARS LAST BIR | YRS. | UNDER 1 YEAR | HOURS MIN | | |
| 6 | Ne | RTHPLACE (STATE OR FOREIGN DUNTRY) | | .S.A. | WIDOWE | | | me | N | MD. | | |
| 70 | B | TY OR TOWN OF DEATH SETTLES & A | Sub Sub I | CILITY, GIVE STREET | N Hos | rother institution spital | 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemak | F WORKING LIFE) | IZAL KIND O INDUSTRY HOME | B BUSINESS OR | | |
| 35 | 130. S | | TY 13 | Rockvi | N I | 136 INSIDE CITY LIMITS? YES X NO | | rus Wa | ay | | | |
| 15. | | THER'S NAME Christian | AIDDLE | chimpf | | Margaret | WIDDLE | | Owens | ī | | |
| 1 | | | WAR OR DATES) | 13-74- | | Marion Mu | lholland | Same | as #1 | 3 | | |
| | | 18 CAUSE OF DEATH. Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR A | An dia | NCE OF | rating Francisco and | Failure | | BETWEEN | MATE NITRYAL DISET AND DEATH | | |
| 2 | CERTIFICATION | PART 2. OTHER SIGNIFICANT OF | par to | my for | The | NOT RELATED TO THE JERN JUNE OF STEEL WAS PERFORMED | AINAL DISEASE OBJCON LOS STEPS 200 AUTOPSY? YES NO | 20b. IF YES, V | VERE FINDING CAUSES | IGS USED | | |
| 9 | MEDICAL CE | 216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK | HOUR A.M. P.M. 21e PLACE OF | MONTH DA | YEAR 19 ARM, ETC.) | 216 HOW INJURY OCCUR | CITY OR TO | | (OUNTY | STATE | | |
| | | 22a.1 certify that (I) (this hospit sow the deceased alive an obave (A) (we) (did) (did no 22b. SIGNATURE | 1124 | 19-7 | / | d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN | death occurred on the d | FF | | | | |
| 1 | 0 | Robert A. | | , M.D. | | 3906 B11 | Tre ed Wh | eaton | , Mar | yland | | |
| | 23a. B | Burial, CREMATION, REMOVAL | 23b. DATE 1/29/7 | | | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | ounty ennsy | state lvania | | |

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral

Bethesda, Maryland

Homes, P.A.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

79-02077

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Three solars, ... It am Strong Dates, the billet

7/:2/

NAME: Martha Louise Loder

DATE OF DEATH: January 20, 1979

PLACE OF DEATH: Montgomery County

SEE: #79-04722

February, 1979 Montgomery County



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-02079 CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 2a. DATE OF DEATH (TYPE OR PRINT) Bessie Long 13 79 4 RACE 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS 1986 18 Female Caucasian Arig. To BIRTHPLACE STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Maryland Suburban Hospital WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINES TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Suburban Hospital Bethesda Saleslady BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt 130. STATE Baltimore 13e. STREET ADDRESS Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Thomas Bell Robosson Emma 17 INFORMANT Asbury Meth. 4Rome, 301 Russell Ave., 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Barbara Clemons - Gaithersburg, Md. 20760 219-22-6987 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 226. SIGNATOR DEGREE 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE Maryland Baltimore Balt. Jan. 16, 179 Western Cemetery Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 316 Engliamond Avenue. DHMH - 16 50M 1/76 (VR A 15 (4)) Gartner-Sandison F.H. Gaithersbufg. Md.

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incom - History . L. Charles -- Bord

79-02080 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) BILLY BORROUN LONG JANUARY 15. 1979 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MALE MONTH DAYS WHITE YEAR HOURS EBRUARY 15,1930 48 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mississippi USA MONTGOMERY WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Letter Carrier Gov't BETHESDA CLINICAL CENTER. ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Miss. ARKANSAS BLYTHEVILLE 1812 NORTH 10th STREET 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME N MIDDLE MIDDLE Le la Pütt puo 80 Theodore Long dicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Aurita Long same as item 13 Not Available No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH npaper 18 CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and (c PART I. DEATH WAS CAUSED BY: Respiratory failure 2 months IMMEDIATE CAUSE (a) corbor DUE TO, OR AS A CONSEQUENCE OF 1 year Lung carcinoma Conditions, if ony, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF Hodgkin's disease oth underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? burial-transit p Mental Hygien NOF YES A NO [certificote 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a.1 certify that • (this hospital) attended the deceased from NOVEMBER 9 19. 78 to JANIIARY saw the deceased olive on JANUARY 15 19 79 ond that in (our) opinion death accurred an the date and hour and fram the couses stated above, (we) (did) (d view the bady after 226 SIGNATURE DEGREE 22c DATE SIGNED * ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT) 22e. ADDRESS NATIONAL INSTITUTES OF HEALTH IMPORT, Joan Bull MD show with CLINICAL CENTER, BETHESDA MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial BTytheville, country ans ast Elmwood Cemetery 1/19/79 BP. GISTRAR 256 REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 7/77 (VR A 15 (4))

Bethesda, Maryland

P.A.

Homes.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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| l | | lying caus | e last. | (c) | | | | | | | | |
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| L | E | 21a. EXTERNAL | | 21b. TIME C | | 21c. HOV | V INJURY OCCURR | ED (ENTER NATURE OF I | NJURY IN ITEM 18 PAI | RT I OR PART 2) | 120 [] | 110 82 |
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| | ¥ | WHILE AT WORK | NOT WHILE | STREET, FA | CTORY, FARM, ETC.) | STRE | EET | CITY OR T | NWC | COUNTY | | STATE |
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| ı | | death resulted | fram. Natur | al causes X, | Accident | vicide , | Hamicide | Undetermined r | nanner, | | | |
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| 1 | | SIGNATURE | 1100 | 1 | (se | M.D. | Deputy | MEDICAL EXA | | DATE SIGNED_ | 1/12/ | 79 |
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| 1 | | | | | ers, M.D. | | | er Spring | , Montg | omery, | Md. | |
| 2 | 3a. BL | IRIAL, CREMAT | ON, REMOVAL 2 | | 23c. NAME OF CE | | | 23d. LOCATION CITY OR TOWN Falls | on 1 | COUNTY | STA | ATE |
| 1 | Bi | rial NERAL DIRECT | O.D. | L-14-79 | | | m. Gdn. | Falls REC'D. BY REGISTR | | DADIS SIGN | Virgi | nia |
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24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL

HOMES, P. A., Bethesda, Maryland

MIDDLE

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

IF UNDER I YEAR

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COUNTY

COUNTY

22c. DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MABERRY . DECEASED NAME 20. DATE KNOWN DE (TYPE OR PRINT) OF OF ESTI-3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED WITHIN 72 6 2 XRS DEAD TO BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED PENEVER MARRIED WIDOWED DIVORCED FILED, 301 W 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WO 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY PAGE HUMBMAKEL USUAL RESIDENCE (IF A NURS 13a. STATE 13d. INSIDE CITY LIMITS? YES OE VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) -831 NORTHAM 12-9058 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. 00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, 040 R: PAGE 3 SHOULD BE E STATE DEPARTMENT C , 21201 PRIOR TO BURIA YES NO PT BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK TO AT WORK CITY OR TOWN COUNTY STATE 120 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion MARYLAND, Natural causes DIRECT death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER MAINER'S NAME GERS TYPE OR PRINT **ADDRESS** 23d, LOCATION 23c. NAME OF CEMETERY 24. FUMERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A 15 ME (5)) 15M 7/77

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| O T NY | 14. F. | ATHER'S NAME | | WIDDLE | | | | 15. MOTHER'S M. | | | | LAST | |
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| IVISIGNED 13 SH | 9 | 21d. INJURY C | CCURRED | 21e. PLACE STREET, FAC | OF NJURY | (AT HOME, | 211. LO | CATION 6716 | Micha | els Drive | co | UNTY | STATE |
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| IER: THIS FORWAR DR: PAGE D, 21201 | | | | rge of the remains de | scribed abo | ove, held an | Autop | y , Inspe | ection X, | Inquiry X, | and in my as | oinian | |
| EXAMINER: CERTIFICATE, UID BE FOR DIRECTOR: P WIH THE SI | | death results | ed fram: Nat | ural causes : | Accident | X Su | icide . | Hamicide | | ermined manner | | | |
| ERTI ERTI MITHE | | | | 00. | | | | TITLE (SPECIF) | 0 | | | Λ . | |
| AL DOUGH | | ACTUAL SIGNATURE. | | John & | 1. 1 Ja | el | M | D. P. P. | 4 MED | ICAL EXAMINER | DATE | Jan 22 | 1479 |
| DIC DIC DEA SPACE ORE | 2 | EVAMINIENS | NAME / | / | | | | | | (2 | - 4 | 15 | |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTMORE, MARYLAND, 2 | 1 | EXAMINER'S (TYPE OR PRI | NAME NT) | ohn G Ball | M.I |). | | ADDRESS 79 | 36 01d | eorgeto | wa Rd. | Beth. | Md. |
| PAFI BALL | 23a. B | URIAL, CREMA | TION, REMOVAL | 236. DATE | 23c. 1 | NAME OF CE | AETERY O | RCREMATORY | 23d. LC | OCATION | COU | | ATE |
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| DHMH - 17 | 24. F | UNERAL DIREC | 411771 | PH CAWLER | R'S SC | INS INC | | 25e. D/ | ATE REC'D. BY | REGISTRAR 25b. | REGISTRAR'S | GNATURE | las |
| (VR A15 ME (5)) 30M, 7/73 | | | 5130 WIS | G. AVE., N. W. | WASHIN | D. C. 20 | 310 | | JAN Z | 9 1979 | haring | 770000 | 7 |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAT IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Female White 25 1916 62 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA Oklahoma MOUNTgomeru WIDOWED DIVORCED DO I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cashier DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 (1055 Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 1136 COUNTY 136. CITY OR TOWN 13e STREET ADDRESS 4518 Adrian Street Rockville 134. INSIDE CITY LIMITS? YES K Montgomery Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Perkins Ne l'Tie Maloney Brave 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES! Same as item # 13 a-e 558 05 7649 Julie Weiss No APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for 101, 167 and 101 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Ť 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e ADDRESS 77d PHYSICIAN'S NAME LTYPE OF PRINT IMPORTA ld b O of the 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Silver Spring Maryl and Gate of Heaven Cem. Burial BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Tyson Wheeler Funeral Home, Inc. (VRA 15 (4)) 1331 Rockville Pike Pockville, Md. 20852

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| puo | 300 | | ALBELT | | MAGR | um | NINA | 41116 | H. | ARPER |
| Ses | medicol | | VAS DECEASED EVER IN res, no or ynknown) [] | U.S. ARMED FORCES: YES, GIVE WAR OR DATES] | 166 SOCIAL SEC | URITY NO | 17 INFORMANT | ADDRESS | 6-1- | 1 10 0 |
| vi 1 | 0 | | NO | | 577-07. | 7907 | MARGUERITHE | W. MAGRUM | 9306 EU | |
| | £. | | 18 CAUSE OF DEATH | nter only ane couse p | er line for (a). (b) o | and Iche - | | | BETY | PROXIMATE INTERVA |
| phy n po mov | event, | | PART I. DEATH WAS | CAUSED BY. MEDIATE CAUSE (0)_ | Mela | shal | ic carc | nome | 54 | EVERAL |
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| | or of | | underlying cause | (c)_ | | | | | // | |
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| ō | - | CERTIFICATION | | | | | | 1 | | |
| d | Son | 2 | 190 DATE OF OPERATIO | N 196. CON | DITION FOR WHIC | H OPERATION | WAS PERFORMED | 200 AUTOPSY? 20 | No. IF YES, WERE FI | INDINGS USED USES OF DEATH? |
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| Hy | 0 | B | 210. ACCIDENT WAS UNDERLY | | OF INJURY A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | ITEM 18, PART 1 OR PAR | RT 21 |
| burial-transit p | E / | 3 | OR CONTRIBUTING CAUS | A OF DEATH | P.M. | 19 | | | | |
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| ond | orked | ž | WHILE NOT WHILE | [AT HOME, | STREET, FACTORY, OFFICE | FARM, ETC.] | STREET | CITY OR TOWN | COUNTY | STATE |
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| | 2 | | 22a.1 certify that (1) (thi | | the deceased from | 70 | | -, to 1/22 | 19 19 | , that (1) (976) |
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| Dept | E . | | 226. SIGNATURE | 0 | | ~ [| DEGREE | | 22c. C | ATE SIGNED |
| - 0 | | | (or No. | · Place | | 110 | ATTENDING A | MEDICAL STAFF CDIRECTOR PHYSICIAN | | -25-79 |
| be de Sto | Ž — | | 224 PHYSICIAN'S NAME | (TYPE OR PRINT) | | | 22R ADDRESS | CDIRECTOR PHISICIAN | • | |
| FUNERAL | E I | | | (Tire On Pallet) | | | THE PROPERTY OF | | | |
| Shoul Shoul | / NAPORIAN | | | | | | | | | |
| | | - | BURIAL, CREMATION, REA | 101111 221 0175 | 122 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | |
| 2 5 3 E | 3 | 23a. E | BURIAL, CREMATION, REA | AOVAL 236. DATE | 430 | HAME OF CE | EMETERT OR CREMATORY | 238. LOCATION | 0 | ***** |
| Sho Sho | 2 | 23a. E | SPECIFY BURION, REA | Sun. 2 | | Teal L | icely Cenulus | Burlinger | Pan | mix |

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LAN DAVIS WHEN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02001

| LOBERASED NAME | | 1 - | STATE REGISTRAR | | CERT | IFICATE OF DEATH | REG. NO | -0703 | |
|--|-------|-------|----------------------------------|---------------------------|--------------------------|-----------------------------|----------------------------|-------------------|--|
| Benjamin W. Malckson Jan, 20 1979 I BASE Male Male Male Mitte Sept. 15, 1879 NARRED DAY Sept. 15, 1879 NARRED White NARRED WHIT | | | | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH DAY | YEAR 2b. HOUR |
| Male Male | 3 | (| | ω. | Malicks | n | Jan. 20 19 | 79 | 4:27A M |
| MALE TRESTRICT OF TOWN OF DEATH TRESTRICT OF THE STORY | | 3 SE) | | 4 RACE | | | 6. AGE (IN YEARS LAST BIRT | | |
| ABBRITHPIACE GIVE GROUNDY DECTITION OF WHAT COUNTRY NARRED & NEVER MARRED BAITIMORE CITY OR COUNTY OF DEATH NARRED & NA | | , | Male | White | | | 81 | | DAYS HOURS MIN |
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| 18. HATHER'S NAME IAST IS. MOTHER'S MADEN NAME FREST RAISE | R | 130 3 | 1100 00011 | | | | | atu Aua | #203_A |
| The contract The | A. J. | 14 FA | | cyometal 3 | acrec spra | | | our Ave. | "203-A |
| 18. WAS DECEASE EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 577-12-4982 Mrs. Sophie Malickson Same as No. 13 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and icit PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ise to immediate couse (o), slothing the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? 20. AUTOPSY? 20. EVERY MORE LEARNINGS 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (P. ETHIER, NOTITY MISCALE KAMMERS) P.M. 19. MOT WHISE 21. PLACE OF INJURY 19. MOT WHISE 21. PLACE OF INJURY 19. AND WHISE 21. PLACE OF INJURY 22. DATE SIGNED 22. DATE SIGNED 22. DATE SIGNED 22. DATE SI | 10 | | | | | ~ | MIDDLE | | IAST |
| NO 577-12-4982 Mrs. Sophie Malickson Same as No. 13 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) | | | AS DECEASED EVER IN U.S. ARA | AED FORCES? 16b. 5 | | | ADDRE | SS | |
| 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARD IAC ARREST - PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) COnditions, if any, which gove rise to immediate couse jo., steming the underlying couse lost. Color of the interval of the interva | | (4 | | WAR OR DATES) 57 | 7-12-4982 | Mrs Sanhie | Malichson | Samo as | No. 13 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN SO OF ESTI-(TYPE OR PRINT) Ethel Marion Margraf 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER YR. IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY MONTHS PRONOUNCED 78 BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) US Illinois WIDOWED DIVORCED > ma 12a. USUAL OCCUPATION (TYPE OF WOR ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Secretary U S Gov't. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS) 130. STATE THE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 6012 Raylor Road Pro Georges Riverdale YES S NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST OF KIT Charles E Rife Frances Spatchek 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 66. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 354 09 7382 Robert E Margraf Riverdale, Md. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which for Sortie Valve Replace month gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 20. AUTOPSY? OF E DEPARTMENT OF PRIOR TO BURIAL. YES NO NO 21c. HOW INJURY OCCURRED PENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK Inspection C 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes death resulted from: Accident Suicide Homicide Undetermined manner TO MEDICAL EXAN EXECUTE THE CERT PAGE 4 SHOULD I TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME 1919 SemnryRd. SilSpg, Md. John S. Rogers TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Jan 20, 1979 Ft Lincoln Cemetery Brentwood Pro Georges Burial Md. BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 F. Gasch's Sons P A Hyattsville, Md. JAN 60 13 (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02097

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 0.20 | • | |
|----|------------------------------------|--|------------------------|---|----------------------|--------------|---------------------------------|-------------------------------|-----------------------|---|---------------------------|
| | | CEASED NAME | FIRST | N | AIDDLE | L. | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b HOUR |
| | (ITPE | OR PRINT) | Mary | | 5. | 9 | 1cGee | | 1 - | 3-79 | 9:30pm |
| 8 | 3 SEX | X | | RACE | Selle. | S. DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY) | IF UNDER TYEAR | IF UNDER 24 HRS HOURS MIN |
| | . 1 | Female | | Whi | te | 9 MONTH | 30 DAY 1896 | 82 | YRS. | MONTHS DAYS | HOURS MIN |
| 5 | | RTHPLACE (STATE O | | 76 CITIZEN OF V | | MARRIE | NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY O | | | |
| 1 | Maryland II CITY OF TOWN OF DEATH | | | | | WIDOWE | DIVORCED DIVORCED | 120 USUAL OCCUPAT | MD. OF BUSINESS OR | | |
| 1 | B | ethes | da | Subu | HEACILITY, GIVE STRI | EET ADDRESS) | spital | Housew | | INDUSTRY | 7 BOSINESS OK |
| 35 | 13a. S | AL RESIDENCE (IF) STATE nnsylvan | 13b COUN | OTHER INSTITUTION, TY | GIVE RESIDENCE BEF |)WN | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS | 905 1 | Miller A | venue |
| 6 | 14 FA | THER'S NAME FIRST | , | AIDDLE | McLain | 9 | 15 MOTHER'S MAIDEN NA Anna | WE | | McCor | mick |
| 2 | | VAS DECEASED EV | | MED FORCES? WAR OR DATES) | 166 SOCIAL SE | | 17 INFORMANT | 11501AD9H | | | |
| 1 | | No | - | | 195 40 | 6232 | Jacqueline Fo | ord Rockvil | le, Ma | | |
| | | 18 CAUSE OF DE PART I. DEATH | WAS CAUSE | y one couse per D BY: E CAUSE (o) | line for 101, 161, | 2N01 | MATOSIS | 3 | | BETWEEN Y | ONSET AND DEATH |
| | | 1572 Conditions, if o | any, which | DUE TO, OF | A A CONSEC | L NOW | ATAPLY | ANCHE | 18 | un | IC |
| | | gove rise to cause (a), st underlying co | immediate ating the | DUE TO, OF | R AS A CONSEC | DUENCE OF | | | | 1 | |
| | NO | PART 2 OTHER S | IGNIFICANT (| | NTRIBUTING I | O DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | IDITION GI | IVEN IN PART 1 | a |
| 1 | CERTIFICATION | 190 DATE OF OPE | RATION | 196 CONDI | TION FOR WHI | CH OPERATIO | N WAS PERFORMED | 20d AUTOPSY? | IN CERT | ES, WERE FINDI IFYING CAUSES 'ES [] | |
| P | | 210. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY M | CAUSE OF DEA | 21b. TIME O HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM 18, | , PART 1 OR PART 2) | |
| | MEDICAL | 21d INJURY OCC | | 21e PLACE | | | 211 LOCATION SPREET | CITY OF TO | wn / | COUNTY | STATE |
| ñ | | 22a.1 certify that | | al) attended the | Segnad from | 12/2 | 9/98 19 | | 199 | , 19, | that (I) (we) lost |
| | | oboye, (I) (ye | eo ed dive on | wiew the bigdry | ofter death | | d that in (my) (an) apinian | death accurred on the d | ate and ha | | |
| | | 22b. SIGNATURE | sl: | Der | ueer. | kel | ATTENDING PHYSICIAN | MEDICAL STA | | 1/4 | 1/19 |
| 1 | 9 | 22d. PHYSICIAN'S | JAME (TYPES) | PRINT) SCA | WGG. | 3mD | 5413 Ce | darhan | e Be | Hesta | and, |
| | 23a. B | BURIAL, CREMATIC SPECIFY) Buri | | 236 DATE 1-6- | | | Cemetery Cemetery | Pittsbur | | 10 | vlvahita |
| | 24 FL | UNERAL DIRECTOR | Tyson W | heeler | Funeral | Home, | Inc. | E REC'D GY REGISTRA | 250-REGIS | APAR SOLOMA | DOME. |

1331 Rockville Pike Rockville, Md. 20852

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) LAY IS NECESSARY, PLEASE
OTHE FUNERAL DIRECTOR.
PAGE 5 FOR, YOUR FILES.
FILED, WITHIN 72 HOURS. Arthur McKee William. DEATH MATED 1. SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED 1979 12 64 13 14 DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY) Montgomery County USA WIDOWED DIVORCED Minn. 2, AND 3 TO THE E 3. RETAIN PAGE 5 SHOUID BE FILED. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Suburban Hospital Bethesda, Md. Funeral Directors. H. Hines USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Mont Bethesda YES X NO [] 4853 Cordell Ave. VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N W. MIDDLE MIDDLE LAST FIRST LAST AND Henry McKee Christine Strom FORM 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS PAGES (YES. NO. OR UNKNOWN) DIVISIO McKee (Wife) Same as Yes Luella APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which c1:0. /2500/21 gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 ő CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEALTH A CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO I BE PRIOR TO BURL 21s. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Suicide Hamicide Undetermined manner 910 TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME John G. Ball 7936 Old Geo.Rd. Bethesda, Md. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation Brentwood P. P.G 1/4/79 Ft. Lincoln Crematory 24 FUNERAL DIRECTOR 250. DATE REGIO BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** Hines/Rinaldi F.H. 11800 N.H.Ave.Silver Spring, Md. (VR A15 ME (5)) 30M 7/73

Directors, M. Minor

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND

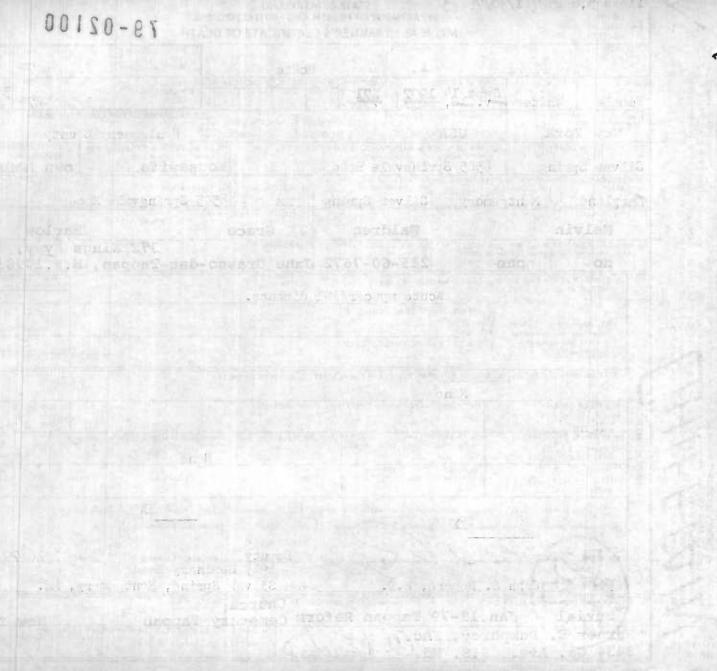
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02099

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO. | 020 | 0 0 | |
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| | CEASED NAME | FIRST | ٨ | AIDDLE | i | AST | 2 | DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR | R |
| (1181 | Markau | erit | -e | B. | M | Keever | | 01- 18 | -79 | 645 | PM |
| 3. SE | x 3 | | 4 RACE | 5 | DATE C | OF BIRTH | 6 | AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAY | | 24 HRS |
| | Female | | White | 2 | | ne 2. 1916 | | 62 YR | | IS HOURS | MIN. |
| | IRTHPLACE (STATE OR FO | REIGN | 76 CITIZEN OF | WHAT COUNTRY? 8. | AA A DDIC | D NEVER MARRIED | 9. | BALTIMORE CITY OR COUR | TY OF DEATH | | |
| | washington | 7. | USA | | VIDOWE | | - 1 | Montgomery | | | MD |
| 10 C | ITY OR TOWN OF DEA | | | OSPITAL, NURSING | | OR OTHER INSTITUTION | | 20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN | | OF BUSINES | 55 OR |
| Si | lver Sprin | 1a | Univer | | sina | Home | 1 | Clerk | NR | A | |
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| | irainia | | inaton | Arlingt | on. | YES X NO | 13 | 1817 N. Qui | inn Str | reet | |
| | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN | NAME | | | | |
| | Thomas | , | MIDDLE | Moreland | | Rena | | WIDDIE | Bent | con | |
| | WAS DECEASED EVER | | | 166 SOCIAL SECURIT | Y NO. | 17 INFORMANT | | ADD 2500 | Forest | | Ro |
| No | YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 579-22-7 | 762 | Patricia | M. | | ver Spri | | |
| 10 | 18 CAUSE OF DEATH | H Enter on | ly one couse per | line for (a), (b), and (| | | | 0.000 | | OXIMATE INTERVEN ONSET AND D | |
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| CERTIFICATION | | | | | | | | | | MG 173 | |
| CA | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH OF | PERATIO | N WAS PERFORMED | | 20a AUTOPSY? 20b. IF | YES, WERE FIN | DINGS USED | H? |
| TE | | | 200 | | | | | YES NO | YES 🗌 | № □ | |
| CER | 210. ACCIDENT WAS UND | _ | 216. TIME O | FINJURY M. MONTH DAY | YEAR | 21c. HOW INJURY OCC | URREC | O (ENTER NATURE OF INJURY IN ITEM | 18, PART 1 OR PART 2 | 21 | |
| AL | OR CONTRIBUTING C | | P. | | 19 | | | | | | |
| MEDICAL | 21d INJURY OCCURR | | 21e. PLACE | OF INJURY | | 21f. LOCATION | 2.1 | CITY OR TOWA' | COLINIES | | . 70 |
| Z | WHILE NOT WH | HILE | (AT HOME, STR | EET, FACTORY, OFFICE, FARA | A, ETC.] | SIKEET | | CITY OR TOWN | COUNTY | STA | ATE |
| | 220.1 certify that (I) | | tall-attended th | e decensed from | | 10 /18 5/8 | | to 1/19 | 1079 | that (I) (** | last |
| | sow the decease | | 11/10 | 1928 | > | nd that in (my) (our) opini | ion de | oth occurred on the date and | hour and from t | | |
| | obove, (I) (wolde | | | ofter death. | | DEGREE | | | | ATE SIGNED | |
| | 226. SIGNATURE | 1 | / | 1. | 15% | ATTENDING | G | MEDICAL STAFF | 120.04 | 1 SIGNED | |
| | 6-0x | un | rof (| 209,1 | 211 | PHYSICIAN | | DIRECTOR PHYSICIAN | | 19179 | |
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| 23a. | BURIAL CREMATION. | | | · 23c NA | ME OF C | EMETERY OR CREMATOR | | 23d. LOCATION CITY OR TOWN | | | - |
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| 24 F | UNERAL DIRECTOR | | 1-1-1 | 0 1 1 | ropo | 250 | | ECO. BY REGISTRAR 25b. REC | SISTRAR'S SIGN | MATURE | z V |
| 4.7 | NAME DIRECTOR | FRANC | IS J. C | OLLINGS | 0 | 111-20901 | | The state of the s | LA | aR. | |

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| | S. H. S. H. | | | | Sept I | 4 1802 | LAST BYRTHDA | YI MONTHE D | AYS HOURS | | ONOUNCE | D | | - | 3:14 |
| 7 | AAR VOLVON | | male | White | Sept P | WHAT COUN | 75 YR | | | | DEAD | F CITY OR | 1/16 | | A. M |
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| | IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL RECORDS, 301 W. PRESTON STREET, | 1D C | New Y | | US | HOSPITAL, NUI | PEING HOME | WIDOWED [| | CED . | Mont | gomer | y Cour | KIND OF BU | MD. |
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| ALT | URS AFTER 8. GIVE PA WITH FOI PAGES I DIVISION | | no | non | | | -60-70 | 72 Ja | ne Gra | isso-c | lau-T | appar | n, N. | | |
| | | | 18. CAUSE OF PART I DE | DEATH (Enter onl | y one couse per | | | | | | | | | APPROXIMATE BETWEFN ONSET | AND DEATH |
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| S S | MEDIN | 110 | 190, DATE OF | OPERATION | No. | ne | WHICH OPEN | TIONI MAYAC DE | DEODALED? | | | | - 10 | | |
| AL R | VOID SIX | CERTIFICATION | ING. DATE OF | OFERATION | 170. CO | ADITION FOR A | WHICH OFEK | TION WAS PE | KFORMED? | | | | 20 | 0. AUTOPSY? | |
| 1 | T & O 0 | ERTI | None | CAUSE WAS | 21h TIAAI | E OF INJURY | | Tale HOW IN | IJURY OCCURR | DED CENTER NA | HOE OF BURIEV | (b) (1544 19 BAS | 10 704 B BC) 1 70 | YES 🔲 | ио ХХ |
| 0 | A PER S | | UNDERLYING | OR | HOUR | A.M. MONTH | DAY YEAR | 210.11011 | JOK I OCCURR | | | HY HEM IO PAR | (FI OKPAKI 2) | | |
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| DIVI | 050000 | ME | WHILE AT WORK | NOT WHILE | | FACTORY, FARM, ET | | STREET | | | CITY OR TOWN | | COUNTY | | STATE |
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| | | | 22a. 1 certif | y that I took charg | | | ve, held on | Autopsy L | , Inspecti | ion 🔲, 💆 | Inquiry X | X ond | in my opinio | л | |
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| | CAL THE SHO SHO ATH ATH EE, A | | SIGNATURE_ | York | - | | 00 | M.D. | Deputy | Semina | AL EXAMINI | | SIGNED_ | 1/16/7 | 79 |
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| | , DI | | ANERAL DIREC. | Of Diam | | Tra | | CTOTI | 250. DATE | REC'D. BY R | appar EGISTRAR | 25b. REGIST | RAR'S SIGN | New | York |
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) dward Chester January 4. RACE 6. AGE (In vegrs HE UNDER 1 YEAR lost birthdoy) 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED country WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 9711 Brixton 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER W. PRESTON STREET, BALTIMORE, MARYLAND nesder 14. FATHER'S NAME 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Helen J. Mill (If yes give war or dates of service) (Yes, no, or unknown) 411-09-1253 same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY oronal IMMEDIATE CAUSE (o) Thers claresis Canditians, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Dev., 1961, to Nov21, 1978, that (I) (we) last saw the deceased alive an Nov21 1978, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated abave, (1) (wet) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING an 12, 1979 22e. ADDRESS 22d. PHYSICIAN'S 8601 010 George tou shauld of Healt 23d. LOCATION (City or Town 23a. BURIAL, CREMATION. (County) (State) AVE NUZSO. REC'D BY REGISTRAR 25b. REGISJRAR'S SIGNAJURE DATEJAN (VR A15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-2b. HOUR (TYPE OR PRINT) OF ESTI-Margaret Miller 1/19 19 79 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED Female White DEAD SYRS 1979 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED WIDOWED Montgomery County 2b. KIND OF BUSINESS OR INDUSTRIB TOTE Clothing IB. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ales Clerk Bethesda Suburban Hospital CORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS FRIENDSHI MI YES NO 5500 VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST Miller Nellie Havener Robert ADDRESBIVE. Chevy ChaseMe 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AL SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Dorothy Fagan, Executrix. 5500 Friendship Unknown No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY THROMBUSIS 2 - 4 hus IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which AKTERIOSCLEROSIS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES 🗌 NO I 器 PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR AM. MONTH DAY YEAR UNDERLYING MEDICAL 19 79 BED CONTRIBUTING CAUSE OF DEATH HOME N 211. LOCATION 21d. INJURY OCCURRED 2 le PLACE OF INJURY STREET, FACTORY, FARM, ETC.)
HOWE NOT WHILE AT WORK STATE TRIBUDSHIP AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinion deoth resulted fram Hamicide Undetermined manner ACTUAL SIGNATURE TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, N BALTIMORE, MA EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Cedar Hill Crematory Suitland, Maryland BP 24. FUNERAL DIRECTOR R'S SONS INC. 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) \$130 WISG, AVE., R. W. WASH, D. C. 20016 30M 7/73

| 1 - | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE | 79 - 0 | 210 | 6 | | |
|-----------------------|--|--|--|---|--|---|---|--|---------------------------------|-----------------------------|------------------------|
| | EASED NAME FIRST | ٨ | AIDDLE | U | AST | 2a. DATE OF D | EATH MONTH | DAY | YEAR | 2b. HOL | R |
| | Mary | | Jane | | Mills | | 1/ | 30/79 | | 9:4 | 5PN |
| 3. SEX | | 4 RACE | | 5. DATE O | | 6 AGE (IN YEAR | S LAST BIRTHDAY) | | RIYEAR | IF UNDER | |
| F | EMALE | CAUCA | SIAN | Jan | . 22 1961 | 78 | Y | RS. | DAYS | HOURS | MIN |
| a BIR | THPLACE (STATE OR FOREIGN UNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED | NEVER MARRIED | 9 BALTIMORE | CITY OR COL | NTY OF DE | ATH | | |
| | MARYLAND | U.S.A. | | WIDOWE | DIVORCED | Montgo | nery | | | | MD |
| 0 CIT | Y OR TOWN OF DEATH | 11. NAME OF H | OSPITAL, NURSIN | NG HOME O | R OTHER INSTITUTION | 12a. USUAL OC | CUPATION OR MOST OF WORKE | 12b. | KIND C | F BUSINE | SS OR |
| Be | thesda | 0 | ırban Ho | | 1 | Homer | | ING ENE) ING | No | ne | |
| 130 ST | | | IN CITY OR TOW Rockvil | /N | 13d. INSIDE CITY LIMITS? | 13e. STREET AD | DRESS DRNERS | LANE | | | |
| | THER'S NAME | | | | 15 MOTHER'S MAIDEN NA | ME | | | | | |
| | Harvev | Brooks | Kinder | | Margaret | | Llen | П | Thom. | pson | |
| | AS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | Δ. | ADDRESS | | 1.011 | | |
| (YE | S, NOOR UNKNOWN) (IF YES, C | IVE WAR OR DATES) | 214-32-9 | 783 | Gary W. Mil | ls (same | e as 13 | e) | | | |
| | Conditions, if any, which | DUE TO, O | 10/10 | roles | of Cordin | Vasa | La S | 2 - | | 5-4 | ny (|
| | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, WI | CAS A CONSEQUE DISTRIBUTING TO E | ENCE OF DEATH BUT I | NOT RELATED TO THE TERM NWAS PERFORMED | 200 AUTOPS | 1322 17? 20b. 1 | I GIVEN IN F | FINDIN | NGS USEI | H? |
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MD

PUMPHREY FUNERAL HOMES P/A

A.

DHMH - 16 50M 7/77 (VR A 15 (4))

the funeral director, page 3 d within 72 hours after death

ng physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbompape with the State Dept-of Health and Mental Hygiene prior to burial, cremotion, or removal.

ENDING PHYSICIAN:

TO HOSPITAL

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examinal must be natified of once.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
RELEASED BY Dr BALL

| 79-02106 | Sile Town. | | | |
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STATE OF MARYLAND

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02111

| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEAT | TH | REG. N | 0. | 021 | |
|----|---------------|---------------------------------------|------------|------------------------------|-----------------|-------------------|------------------------|-----------|-------------------------------|--------------|----------------------|---------------------------|
| | | CEASED NAME | FIRST | A | AIOOLE | | AST | 2111 | 20 DATE OF DEATH | HINOM | DAY YEAR | 2b. HOUR |
| 9 | | Mo | ry | Lo | uelli | a P | Toore. | | | - (| 6-79 | 10:00 PM |
| | 3 SE) | x Female | | 4 RACE Caucasi | | 5. DATE C | d DAY | YEAR | 6 AGE (IN YEARS LAST BIR | | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| | 7a. Bl | IRTHPLACE (STATE OR FOR | EIGN | 76 CITIZEN OF | | RY? 8 | | | 9. BALTIMORE CITY O | OR COUN | | |
| 0 | C | N.C. | | U.S.A. | | MARRIE | D NEVER MARR | | Montgom | | | MD. |
| | 10 CI | ITY OR TOWN OF DEAT | Н | 11. NAME OF | OSPITAL, NU | RSING HOME C | OR OTHER INSTITUT | | 12a. USUAL OCCUPAT | ION | | F BUSINESS OR |
| 1 | | akoma Park | 1 | Wash.Ad | | t Hospi | tal | | Ret.Clerk | | | • |
| 7 | 13a S | | Pr.G | VIY Y | 13c CITY OR 1 | | 13d INSIDE CITY LI | | 13e STREET ADDRESS 2300-Woodb | erry | St. | |
| ì | 14 FA | ATHER'S NAME | | WIDDLE | LAST | | 15 MOTHER'S MAI | IDEN NAM | | | | |
| H | | George | | | ickinsc | | | Etna | MIDDLE L | FOR | Boyd | 1 |
| 2 | | | | MED FORCES? E WAR OR DATES) | 578-01 | | 17 INFORMANT | | ADDR | ESS | | |
| | | No | 900 | | 210-01 | 1010 | Peggy T | . Las | sky - above | addı | | |
| 8 | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter on | ly one couse per | line or (0), (b | , and c | - (| 191 | (Dtr.) | | BETWEEN | MATE INTERVAL |
| | щ | | | E CAUSE (o) | Keu | alt | acture | | 61 | | Tools | - K |
| | | 1339 | | DUE TO, OF | MS A DONSE | USICE OF | ^ | . + | | | 11, | ~ ~ |
| | | Conditions, if any, | | (b) | meias | KLU6C [| adestrout | 7-00 | 61004 | | 140 | X0/ |
| | | cause (o), stoting underlying cause | the | DUE TO, OF | R AS A CONSE | OUENCE OF | | | | | | |
| | | | | (c) | | YO 05 4711 0117 | | | | | | |
| | NO | PART 2. OTHER SIGNI | FICANI | LONDITIONS <u>CC</u> | NIRIBUTING | TO DEATH BUT | NOT RELATED TO T | HE IERMI | INAL DISEASE OR CON | DILION G | SIVEN IN PART 16 | 1 |
| 2. | CERTIFICATION | 19a DATE OF OPERATI | ON | 19b. CONDI | TION FOR WH | HICH OPERATIO | N WAS PERFORMED | D | 20s AUTOPSY? | | ES, WERE FINDIN | |
| 7 | TIFE | | | | | | | | YES NO | | YES [| NO [|
| 9 | CER | 21a. ACCIDENT WAS UNDE | | 110110 | | DAY YEAR | 21c. HOW INJURY | OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 1 | B, PART 1 OR PART 2) | |
| 1 | CAL | OR CONTRIBUTING CA | | P./ | | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURRE | | 21e PLACE (| OF INJURY | FICE, FARM, ETC.) | 21f LOCATION STREET | 195 | CITY OR TO | wN | COUNTY | STATE |
| | 2 | AT WORK AT WORK | KE 🗆 | | | | | 22 | / | M | 1 500 | |
| | | 22a I certify that (1) (| | / 1 | e deceased fro | | 149 . 15 | | _, to Q | 1114 | 19 | that (1) (we) last |
| | | sof the deceased | | t) view the body | atter death. | 9, or | nd that in (my) (our) | opinion d | death occurred on the d | ote and h | our and from the | causes stated |
| Н | | 226. SIGNATURE | / | 117 | | | DEGREE | IDING , | MEDICAL STA | | 22c. DATE | SIGNED |
| | | Momas | 16 | 1 200 | ung | 91 | M) PHYS | ICIAN I | DIRECTOR PHYSIC | IAN 🗌 | 141 | 14 14 |
| 1 | - | THOMAS | ME (TYPE O | J. Bes | acstro | en mo | 831 C | Luiron | existe Blo | SE | 5-16 | allo |
| | 23a. E | BURIAL, CREMATION, R | EMOVAL | 23b. DATE | | 23c. NAME OF C | EMETERY OR CREM | ATORY | 23d. LOCATION | 1 | 17 | 20803 |
| | - {: | (SPECIFY) Burial | | 1/9/19 | 79 | Ft.Lin | coln Cem. | | Brentwoo | d Pr | Geo. 1 | Md. |
| | 24. FU | UNERAL DIRECTOR | alla. | y's F.H. | | Mt Doi | nier, Md. | 25a. DATE | REC'D. BY REGISTRAR | | ISTRAR'S SIGNAT | URE |
| | | . TA | وعدده | Inc. | ADDRES: | TIVERAL | TITOL 9 TICE | JA | IN TT 1313 | 1 | | |

73-02111 Market Market Land Company of the Co The state of the s Takona bina di anta di mana di anta di THE STATE OF to continue to the continue to 17-1-17 - 1-17 - 1-18-18 . WHEN . Perch Tander Maleralia talegrang of where a life of Miles I settled the settled to the settled of th THEREING TO STATE STATE BUT HEREIGHT FROM BOTH STATE THE PARTY OF THE PARTY OF The state of the s

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· Hithis markets at 20 magnitis agreement up to become 2th City (1.13%)

BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

iner must be notified of once.

injury, or other troumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02115

| | | REGISTRAR | | CERTIFI | CATE OF DEATH | | REG. NO. | 0211 | 9 |
|-----|---------------|--|--|--------------------|------------------------|-------------------|--|-------------------|----------------------------------|
| | I. DEC | CEASED NAME FIRST | WIDDLE | IA | 51 | 2e. DATE | OF DEATH MONTH | | 26 HOUR |
| | | Hlbert | - | lunso | n | | Jan. 1 | 7, 79 | 330 M |
| 3 | 3 SEX | | 4 RACE | 5 DATE OF | BIRTH DAY YEA | | YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN |
| | | mare | WHITE | JAN. | 20 18 | 91 | 87 YRS | MONINS DATS | HOURS MIN |
| , | 7a. BIR | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | ITRY? 8 | NEVER MARRIE | 9 BALTIA | MORE CITY OR COUNTY | | |
| 1 | | INGAPOLE, MA. | U.S.A | WIDOWED | DIVORCE | | mon TGO. | MERY | MD. |
| | - | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | | OTHER INSTITUTIO | | AL OCCUPATION ORK FOR MOST OF WORKING LII | | F BUSINESS OR |
| Z | 11. | 1 Koma PARK | MASHINGTON | | ST HOSPIT | | LINED MINISTO | | 7) |
| - | USUA 130 S | | VIY 13c CITY OR | | 13d. INSIDE CITY LIMI | TS? 13e. STREE | ET ADDRESS / | | |
| | | | Thomasy SILVER | - 60 | YES NO | 1 28 | 48 SHANNO | JOALE 1 | DRIVE |
| , | 14 FA | THER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDE | | WIDDIE | LAST | 1 |
| 26 | | R. W. | MUNS | ON | CARRI | F | LOUISE | GA | SSE |
| | | VAS DECEASED EVER IN U.S. AR (IF YES, GIV) | E WAR OR DATES) | SECURITY NO. | 17 INFORMANT | | ADDRESS | | |
| | | No | 366- | 0-7584 | VAVID H. | 13 AASC | 4-2848 5 | HANNOND | ALE DR |
| | | 18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE | nly one couse per line for (o), (t | 0 | | 50.1 | | 1 | MATE INTERVAL DNSET AND DEATH |
| | | IMMEDIA. | TE CAUSE (o)/-CU | re Kest | pirc/tory t | arlure | | In | <u>r</u> |
| Ξ | | 5070 | DUE TO, OR AS A CONS | | | | | 100 | Que |
| 8 | 50 | Conditions, if ony, which gove rise to immediate | (p) 47 b1. | ration v | neumnia | | | 1000 | |
| ä | | couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONS | EQUENCE OF | | | | | |
| 3 | | PART 2. OTHER SIGNIFICANT | (c) | 2 TO DE 1711 OUT | 107.851.150.10.115 | | | | |
| | Z | 11111 - | er Infection | | OF RELATED TO THE | TERMINAL DISE | ASE OR CONDITION GIV | EN IN PART 1(0 | |
| -04 | ATE | 190 DATE OF OPERATION | 196 CONDITION FOR W | | WAS PERFORMED | 20e AL | TOPSY? 206. IF YES | S, WERE FINDIN | IGS USED |
| L | CERTIFICATION | | | | | YES [| NO YE | YING CAUSES | OF DEATH? |
| 4 | CER | 21g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | DAY VEAD | 21c. HOW INJURY O | CCURRED (ENTER | NATURE OF INJURY IN ITEM 18, F | PART 1 OR PART 2] | |
| | SAL | OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) | M) (1 | DAY YEAR | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY LATHOME, STREET, FACTORY, O | SEICE EADA ETC 1 | 211 LOCATION | 7200-11 | CITY OR TOWN | COUNTY | STATE |
| Ħ | 2 | AT WORK AT WORK | TAT HOME, STREET, PACTORY, O | reice, rakm, e1c.) | | | 1 | | 31416 |
| | | 22a.1 certify that (1) (this hosp | 11 | | | 79, to | 1117 | 19.79 . 1 | that (I) (we) last |
| | V. | sow the deceased alive on above, (1) (we) (did) (did no | of view the body ofter death. | 19.79, onc | d that in (my) teem of | oinion death accu | rred on the date and hou | ir and from the c | ouses stated |
| į. | | 226. SIGNATURE | 111. | W.N | EGREE | Long Long | CTAFF | 22c. DATE S | SIGNED |
| | | (Male) | 11 mings | No. T | | ING MEDICA | OR PHYSICIAN | Dan. | 17, 1979 |
| | 12 | 22d PHYSICIAN'S NAME (TYPE O | A | | 22e. ADDRESS | 0 | Taka | 0. | A |
| | | HIMED V | lunzer M.S | • | | urroll M | le Takoma | Tark | Md. |
| | | URIAL, CREMATION, REMOVAL | 4.0 | 23c. NAME OF CE | METERY OR CREMAT | ORY 23d. LO | CATION | PONICA | STATE / |
| | 24 5 | Berial | Xay.19.1979 | July | acell Climi | (May 13 | sentand | J. II | 11/1 |
| | 24. FU | INERAL DIRECTOR | ADDRE | | 31,0.0. | O. DATE REC'D. B | REGISTRAR 256 REGIST | KAK S / SENAT | woody |
| | .Li | H. Walters, layou | 19 F.H.INC. WO | Shing to | , DC200121 | | | - | |

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| DATE H. BALECH 2348 SHILLSHOLD | 1951-1575 | | |
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| THE SERVICE WITH THE PLANTER. | | | |
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79-02116 1-19-19 213 E SANGON E MONTH SOMERA Bethan Superior Hospitals I martin A STATE OF THE PARTY OF THE PAR A Commission of the state of th H PERCENTING THE PROPERTY OF T Marine Marine 1989 1989 Think of the Comment of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02117 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) Charles Edwin Nance 22 79 4:15AM 01 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF LINDER I YEAR IF UNDER 24 HRS HOURS 142 18869 Male White CHATTLES CityREGO. TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery U. S. A. Virginia WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176 KIND OF BUSINESS OR Montgomery "Geness Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Olney Agriculture Ret. Farmer BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 15521 Prince Frederick Way 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Mid. Montgomery Silver Spring 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Sally Stagg Major Charles Nance Name 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 231-62-9509 Mrs. Charlotte N. Saylor (daug.) No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 00 PART I. DEATH WAS CAUSED BY Viewer O ager IMMEDIATE CAUSE (a). PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF tranic hephrosclesosis hukum Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION Ancural 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO YES NO F iol-tronsit Mento! Hygi 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (F FITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 48 Janum sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHISICIAN DIRECTOR PHYSICIAN MPORTANT. TO FUNERA should be de with the Stot 22d PHYSICIAN'S NAME TTYPE OF PRINT 77e ADDRESS 4425 Montgomery Ave., Beth., Md.2003 Harold I. Passes, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial Mt. Pleasant Meth. Ch. Charles City Co. Virginia 1-24-79 24. FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATUR MH-16 60M 1/73 Tintry Mc Cready (VR A 15 (4))

79-02117 And the Control of th to send fully a constraint and the contract of the

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N.W. Wash., D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

IF UNDER 24 HRS

5:00

HOURS

126 KIND OF BUSINESS OR

Trade Assoc.

NO [

22c. DATE SIGNED

profirey/Habrado

STATE

STATE

IF UNDER 1 YEAR

INDUSTRY

YES [

DAYS

- STATE

REGISTRAR

DHMH - 16 50M 1/76 (VR A 15 (4))

DHMH 16 50M 1/76 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02120

| | | REGISTRAK | Section 1991 Property Section 1991 | CENTIL | ICAIL OI DEATH | REG, NO. | |
|---|---------------|--|---|------------------|--|---|---|
| | I DEC | CEASED NAME FIRST | WIOOFE | L | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | | Alica | T" | (| DATES | JANUARY - 21 | IF UNDER 1 YEAR OF UNDER 24 HPS |
| | 3 SEX | Female | Caucasian | OCT. | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | Za Bi | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | NEVER MARRIED | D BALTIMORE CITY OR COUNT | Y OF DEATH |
| 5 | | onn'ecticut | U.S.A. | WIDOWE | D DIVORCED [| Montgomery C | ounty MD. |
| 0 | 9 | Silver Spring | 11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST | VILLA. | R OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Teacher | LIFE) Pub. Schools |
| 6 | 13a S M a | | rother institution, give residence by NTY 13c CITY OR T Egomery Bethe | own s da | 13d INSIDE CITY LIMITS? YES 📉 NO 🗌 | 5 Derbyshir | e Court |
| X | | Aichael | o'Nei | 1 | Elizabe | MIDDLE | O'Toole |
| 1 | 16a W | VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI | E WAR OR DATES! | | 17 INFORMANT | ADDRESS | |
| | V | 10 | 047-30 | 2010 | Elizabeth | M. Marcotte, | Same as #13 |
| | | PART I. DEATH WAS CAUSE IMMEDIA' Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost | TE CAUSE (a) Uppe | | air syns | fection love | 7 w/cs Years |
| | NOI | PART 2 OTHER SIGNIFICANT O | 0 | TO DEATH BUT | | erminal disease or condition g | VEN IN PART 1(0) |
| 2 | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION | N WAS PERFORMED | _ IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ZES NO NO |
| 1 | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF IN) VRY IN ITEM 18. | PART I OR PART 2) |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | ICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | sow the deceased alive on | ital) attended the deceased fro | 9 <u>79</u> , an | d that in my (aur) opinio | on death occurred an the date and ha | 19 , tho (I) we) lost our and from the couses stoted 22c. DATE SIGNED |
| | | 22d, PHYSICIAN'S NAME LITYPE O | Kenton 1 | MD | ATTENDING PHYSICIAN 1226 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 1/21/79 |
| | | GEORGE | S. KENTON | | 10620 GET | ORGIA AVENUE | , 5.5., md. |
| | 23a. B | BURIAL, CREMATION, REMOVAL | 23b. DATE 2 | 3c NAME OF C | EMETERY OR CREMATOR | 23d. LOCATION | COUNTY STATE |
| | | Burial | 1/24/79 | St. Be | rnard's Ce | | Connecticut |
| | 24 FL | UNERAL DIRECTOR Robe | rt A. Pumpha | ey Fun | eral 250. D | ATE REC'D. BY REGISTRAR 256. REGIS | PAR'S SIGNATURE |
| | | Homes, P.A. | Bethesda, M | arylan | d | WHIT & 4 13/3 | 197/ACCHINE |

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

| | 1 - | FOR STATE REGISTRAR | | DEPARTM | | IEALTH AND MENTAL HYC | 7 9 - 1 | 12121 | |
|-----|---------------|--|--------------------------------|------------------------|--------------|-------------------------------|---|----------------------------------|---------------------------|
| 1 | | CEASED NAME FIRST | MI | DDLE | | (ASI | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
|) - | (1172 | THOMAS | JAMES | 5 01 | CONN | DIENT | Jan | 22 1979 | 5:00AM |
| | 3. SE | X | 4 RACE | | 5 DATE (| | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HR5 HOURS MIN |
| | | Male | White | 5 | Feb | | 53 YE | | HOURS MIN |
| . 1 | 7a. BI | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF W | | 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH | |
| E | | Colorado | U.S. | | WIDOW | | | | MD |
| 0 | Ke | ensington | 10225 | Kensing | on P | arkway | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Attorney | IZB. KIND C INDUSTRY Reser | Federal Ve Board |
| 1 | | AL RESIDENCE (IF NURSING HOME O | OTHER INSTITUTION O | GIVE RESIDENCE BEFORE | ADMISSION) | 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| - | | | gomery | Kensingt | OR | YES NO | 10225 Kensingt | on Parkw | ay |
| , | 14 FA | ATHER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | LA | |
| 0 | 14- 14 | Joseph Par | trick | O'Connel | | Winfred | ADDRESS | Coll: | |
| | | YES, NO OR UNKNOWN) (1F YES, GIV | E WAR OR DATES) | 579-12-2 | | 17 INFORMANT Son | | Wash. D. | |
| | | | April 1 | | | Kevin J. O'Co | onnell. 4564 Ma | cArthur | |
| | | 18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSE | | Cardia | HC . | and Co. | edden deast | BETWEEN | ONSET AND DEATH |
| | | IMMEDIA | TE CAUSE (a) | | 1 | arrest (Su | coun aear | | |
| | | Canditions, if any, which | DUE TO, OR | Arterio: | | vode: ciuli | order on de | 6 V | rears |
| | 2 | gove rise to immediate cause (a), stating the | 000 | AS A CONSEQUE | | 0 (= 0 | - Coor Coox are part | 2 0 | |
| ١ | | underlying couse last | (6) | Ensulin | | pendent de | abefee | 2.1 | year |
| | _ | PART 2. OTHER SIGNIFICANT | CONDITIONS CON | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION | GIVEN IN PART 1 | 0 |
| | LION | | scular | Cocca | en 1 | with ische | 0000 | Neuro | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b, IF | YES, WERE FINDS | NGS USED |
| 4 | RTIF | | | | | | YES NO | YES [| NO 🗆 |
| 7 | | 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE | | MONTH DA | Y YEAR | 21t. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2} | |
| - | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER | | | 19 | 21f LOCATION | | | |
| | MEC | WHILE NOT WHILE D | 21e PLACE O (AT HOME, STREE | ET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | CITY OR TOWN | COUNTY | STATE |
| | | 220.1 certify that (I) (this hasp | tal) attended the | deceased from | 10 | 21 10 76 | 10 1122 | 10.19 | that (I) (we) last |
| | | saw the deceased alive an abave, (J) (we) (did) (did no | 115 | 19 | 79.01 | nd that in (my) (aur) apinion | death accurred on the date and | | |
| | | 226. SIGNATURE | / O | ifer dedin. | | DEGREE | | 22c. DATE | SIGNED |
| | | Kobut 2 | . HU | in Mys | | ATTENDING PHYSICIAN 5 | MEDICAL STAFF DIRECTOR PHYSICIAN | Jan. | 22,1979 |
| | | 22d. PHYSICIAN'S NAME (TYPE C | R PRINT) | | | 22e ADDRESS | | | |
| | | Robert L. Fl | ynn M.D. | | | 5454 Wisconsi | in Av. Chevy C | hase Md. | 20015 |
| | 23a. B | BURIAL, CREMATION, REMOVAL Burial | - 1-1 4- | | | EMETERY OR CREMATORY | 1234 LOCATION | | STATE |
| | | DULTST | | | | Lvet Cemetery | Washington, | D.C. | |
| | 24 FL | UNERAL DIRECTOR JOSE | PH GAWLE | ER'S. SON! | S INC | | E REC'D, BY REGISTRAR 256, REC | SISTRAP'S SIGNAT | YRE only |
| | | 6130 WIS | C. AVE. N. V | OT DEPRING . W | 0 900 | 10 | AN 53 13/3 | | 1 |

5130 WISG. AVE., M. W. WASH., D. C. 20818

73-02121 J n. 22 1 750 5: 000 man de mes te "Get e sur o work eni co y or control moderate and a state of the control of .o. 1 .o. 1 i .o. 1

STATE OF MARYLAND 79-02123 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 025 LOVETTA Mildred 1and 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Nov. 5, 1915 DAYS HOURS Female White 63 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRYINIA USA Yout gomery WIDOWED DIVORCED [IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY H. Wife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Maryland Mont. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Mt. Airv 26300 Mullinix Mill Road NO X YES [1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME McKinney LAST John Patton Lola ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) M. A. Oland Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE to AS A CONSEQUENCE Conditions, if ony, which 0 gove rise to immediate cause (a), stating the underlying cause OSCUENCO SI PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) MARKE ATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? YES X NOL YES A NO I 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220 | certify that (1) (the hospital) attended the deceased from July January saw the deceased alive on landau , and that in (my) (apply apinion death occurred on the date and hour and from the causes stated above, (1) (ma) (did not) view the body after death 225. SIGNATURE DEGREE 22c. DATE SIGNED should be detached ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN FUNERAL MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Frederick (SPECIFY Burial Jan. 5, 1979 Mt. Olivet Frederick Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Francis H. Barber Laytonsville, Md. 20760 (VRA 15 (4))



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 19 / 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 2 2 YRS DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC U.S.A. WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF GORK 12b. KIND OF BUSINESS Food Expert VENCERVE 130 STATE 1136 COUNTY T3d. INSIDE CITY LIMITS? CITY OR TOWN 130-STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lewis MIDDLE LAST Lucille Ortega Dove 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 1180 for Rockville Pike 70 1113 No Lewis Ortega Rockville, Md. DIVISI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY bund IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 90 TO BURIAL YES NO DE E 3 SHOULD BE E DEPARTMENT OF PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 79 THE PLACE OF INJURY LATHOME IL LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Hone 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection L and in my apinian Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL FUNERAL DIER DEATH, SIGNATURE MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Rd. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Rockville, Maryland 1/16/79 Parklawn Memorial Burial 24. FUNERAL DIRECTOR ROBERT 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH-17** HOMES, P.A., BETHESDA, MARYLAND history/Kalredy (VR A15 ME (5)) 15M7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Jean C. EOR YOUR FILES.
MILHIN 72 HOURS
PRESTON STREET, Owens DEATH MATED 3 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 52 27 DEAD 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CHY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. MONTGOMERY WIDOWED DIVORCED SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Homemaker OR INDUSTRY Home SUBUREBAN HOSPITAL BETHESDA JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14528 Bauer Drive Rockville YES Y Montg NO [Maryland PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Colberg Mildred Harley Lerov 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES, NO. OR UNKNOWN) 105-20-7063 Owens (Same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) V 19a DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 YES 🗌 E 3 SHOULD BE DEPARTMENT PRIOR TO BURLA BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR AM. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH III. LOCATION 71d INJURY OCCURRED AT WORK NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion deoth resulted fram: Homicide Undetermined manner TITLE (SPECIFY ACTUAL AFTER DEATH, BALTIMORE, MA FUNERAL SIGNATURE EXAMINER'S NAME Old Georgetown Rd., Bethesda, Md. John G. Ball (TYPE OR PRINT) 9 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 1-25-79 BURTAL Gate of Heaven Cem. Silver Spring Md. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. DATE RECIDITY REGISTRA Robert A. Pumphrey Funeral Homes **DHMH-17** (VR A15 ME (5)) P.A., Bethesda, Md. 30M 7/73

79-02127

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| | 1 - | FOR STATE | a Eloise | | MENT OF H | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | 79-021 | 29 |
|---------------------|--|--|------------------------------|------------------------------------|---------------|--|--|--|
| | (TYPE | CEASED NAME FIRST OR PRINT) Alberto | a E | MIDDLE | Pay | nst Ne. | REG. NO. 20. DATE OF DEATH MONTH Jan 2: | DAY YEAR 26 HOU |
| -0150a | 3. SEX | male | RACE . | | S. DATE C | DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) 55 YRS. | MONTHS DAYS HOURS |
| Oute | CC | RTHPLACE (STATE OR FOREIGN DUNTRY) W JETSEY | | States | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| Monthing of the or | 10 C1 | TY OR TOWN OF DEATH | 11. NAME OF (IF NOT IN SU | | ING HOME (| ROTHER INSTITUTION ROSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Legal Secretary | |
| must be | USU/ 13a S | AL RESIDENCE (IF NURSING HOME TATE 130. CO | | 136 CITY OR TO | WN | 13d. INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS 1132 46th StPlan | |
| O/ O | _ | THER'S NAME FIRST | WIDDLE , | LAST Green | | 15 MOTHER'S MAIDEN NA. FIRST T.11111 | | Flowers |
| medicol | | | | 166 SOCIAL SEC | | Michael S. P. | ADDRESS B11 | timore, Md, |
| ry, or other tr | | gave rise to immediate couse 10°, stoting the underlying couse lost. | DUE TO, C | MAY | TIC. | NOT BELATED TO THE YOU | NAME DISEASE OF CONDITION OF | VENTINI DART 1/0 |
| 5 | NOI | PART 2. OTHER SIGNIFICAN | T CONDITIONS <u>C</u> | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | HNAL DISEASE OR CONDITION GIV | VEN IN PART 110 |
| wo 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHIC | H OPERATIO | N WAS PERFORMED | IN CERTH | S, WERE FINDINGS USED FYING CAUSES OF DEAT ES \(\text{NO}\) \(\text{C} |
| or Item 18 show | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER, NOTIFY MEDICAL EXAMIN | DENTH | OF INJURY .M. MONTH (.M. | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18. | PART 1 OR PART 2) |
| orked or t | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE | , FARM, ETC.} | 211. LOCATION STREET | CITY OR TOWN | COUNTY ST |
| n 21 is mor | 220.1 certify that (1) (this haspyol) attended the deceased from | | | | | | , to, death accurred on the date and ha | 19, that (I) (vur and from the causes sta |
| IMPORTANT: If Hem 2 | | 22b. SIGNATURE | . KIN | 2- | W | | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATE SIGNED |
| MPORTANT | | 22d. PHYSICIAN'S NAME (TYP | | | | 7600 Carrol | l Avenue, Takona | Park, Marvl |
| 3 | 230 B | BURIAL, CREMATION, REMOV SPECIFY) | AL 236 DATE 1/27/ | | | EMETERY OR CREMATORY Coln Cemetery | 23d LOCATION CITY OR TOWN Bladensburg | COUNTY STA |

BP. DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

ALEXANDER S. POPE 2617 Pennsylvania Ave., SE

LOCATION CITY OR TOWN Ft. Lincoln Cemetery

D.C. 256. DAU

Bladensburg.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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ALEANNER S. POPE 2617 Penns, Lvenia Avc., ST

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02130

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

| I. DE | | | | | | REG. NO | | | | | |
|-----------------------|--|---|--|---|---|--|--|--|-----------------|----------------------------|---------------|
| | ECEASED NAME FIRST | MODIE A | Ph | YWE | 20. | 22/79 | HTMO | DAY 1 | /EAR | 26 HOL | 15 P. |
| 3. SE | EX | 4 RACE | S. DATE O | SAY | 97 28 | GE (IN YEARS LAST BIRTH | | IF UNDER | I YEAR DAYS | IF UNDER | 24 HRS MIN |
| | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | AAADDIED | D NEVER MA | ARRIED . 9. B | MONTO | COUNTY | | XTH X | | MD. |
| 10 0 | UHEATON | 11. NAME OF HOSPITAL | NURSING HOME O | ROTHER INSTIT | | USUAL OCCUPATION OF THE WORK FOR MOSE WILL OF THE WORK FOR WORK FO | ON WORKING LIF | E) IND | STRY | F BUSINI | SS OR |
| USU 13a | JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUT Md. Mon | VIY 113r CITY | nce before admission) OR TOWN Ver Spring | 13d INSIDE CITY | Y LIMITS? 13e | street address 2211-Edge | mont | St. | | | |
| 14. F | BURTON | MIDDLE RI | CHALDS | IS MOTHER'S A | elen | WIDDLE | | M | LAST | PHY | / |
| | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV NO | | D1-2066D | Mrs. Ma | ry P. Wi | ndsor (ab | | | | MATE INTE | |
| | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) | DISEODENCE OF | - Okas | friet | J Cen | 4 /- | | | 711 | 7 |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last | DUE TO, OR AS A CO | INSEQUENCE OF | ition | from | Carci | | toen | | 2 m | to |
| IFICATION | gove rise to immediate couse (a), stating the | (c) Free | MING TO DEATH BUT | NOT RELATED IN | MED 1 | Oa AUTOPSY? | 206. IF YES | S, WERE | FINDIN | GS USEI OF DEAT | H? |
| NEDICAL CERTIFICATION | gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | CONDITIONS CONTRIBUT 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 216 PLACE OF INJURY | Transing TO DEATH BUT TO THE STATE OF THE S | NOT RELATED IN | WED 2 | | 206. IF YES IN CERTIF YE | S, WERE | FINDIN AUSES | GS USEI OF DEAT | H? |
| MEDICAL CERTIFICATION | gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (1) EITHER, NOTIFY MEDICAL EXAMINER | 21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR | NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from 19 79, on | VVAS PERFORM 21c. HOW INJU 211. LOCATION STREET Outhor in my) (o | MED 2 URY OCCURRED 19 29 ur) opinion deot | OR AUTOPSY? (ENTER NATURE OF INJURY) CITY OR TOWN TO | 20b. IF YES IN CERTIF YE IN ITEM 18. P | COUNTY ON OFFICE OF THE COUNTY | FINDINAUSES | GS USEI OF DEAT NO [| ATE we) lost |
| | GOVE rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINER AT WORK NOTWHILE AT WORK AT WORK 120.1 certify that (1) (this hosp sow the deceosed alive on obove, (1) (we) (did) (did not obove, (1) (we)) (did) (did not obove, (1) (we | CONDITIONS CONTRIBUT 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR 21) view the body ofter deat | NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from 19 79, on | VWAS PERFORA 21c. HOW INJU 211. LOCATION STREET dythot in my) (o | MED 2 URY OCCURRED 19 19 19 TENDING \ M | OR AUTOPSY? (ES NO X (ENTER NATURE OF INJURY) CITY OR TOWN | 206. IF YES IN CERTIFY YE YE IN ITEM 18. P | COUNTY ON OFFICE OF THE COUNTY | FINDINAUSES | GS USEI OF DEAI NO [| ATE we) lost |

DHMH - 16 50M 7/77 (VR A 15 (4))

19-02130 The transfer and transfer and the second of (partition of the property of the contract of town of the First State of the . CS. A profite productive self self-control of the self-contr

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Se notified at once.

injury, ar other traumatic event, th

MPORTANT: If Hem 21 is marked at Hem 18 shows any

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02131

| 9 | | REGISTRAR | | | | CERTIF | ICATE OF DEAT | Н | REG. N | 0. | | | |
|---|---------------|--|--------------------------|-------------------------------------|---------------------------------------|--------------|---------------------------------------|----------------|---|------------------|----------------------|--------------|--------|
| 3 | | EASED NAME | FIRST | , | MIDDLE | i | AST | | 20. DATE OF DEATH | HINOM | DAY YEAR | 26 HOUR | A |
| | ,,,,,, | Jame | S | Br | uce | Pe | er | 193 | January 7 | , 197 | 9 | 4:10 | M |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST BIR | | MONTHS DAYS | IF UNDER 24 | |
| Ĭ | | Male | | White | | Decem | ber 30,1 | 950 | 28 | YRS | MONINS | HOURS | WIN |
| 1 | | THPLACE (STATE OR FOR | REIGN | | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRI | ED O | BALTIMORE CITY | R COUNTY | OFDEATH | | |
| 1 | | Virginia | | USA | | WIDOWE | | | Montgomery | | | | MD. |
| 1 | Ве | thesda | | Clinical | Center, | NIH, | Bethesda | ОИ | USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Labore) | F WORKING LIF | | er Busines | SOR |
| 5 | 73a. S | Virginia | 35 COUN | other institution. ITY Pshire | 13¢ CITY OR TOW Augusta | | 13d INSIDE CITY LIA | | General De | liver | y -Rout | te 50 | |
| 4 | 14. FA | THER'S NAME Virgil | ٨ | AIDDLE PA | er, Jr. | | 15. MOTHER'S MAIL | | WIGDTE | Yo | ungbl [°] c | Бос | 17 |
| 4 | 16n W | AS DECEASED EVED IN | | | 166 SOCIAL SECU | RITY NO | | | ADDRI | | | | |
| 2 | (Y | | | WAR OR DATES) | 233-84-1 | | | | ne Peer, Ge Virginia | 2670 | 4 -Kou | te 50 | |
| | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter an | ly ane cause per | | | | 3507 | | | BETWEEN | MATE INTERVA | ATH |
| | | | | E CAUSE (a) | Cardior | espira | atory fail | ure | | | | | |
| И | | 1791 | | DUE TO, OI | R AS A CONSEQUE | | | 1.11 | 0 | | 1330 | | |
| | | Canditions, if ony, gave rise to imme | ediate | (b) | Metasta | CIC En | nbryonal C | ell | Jarcinoma_ | | | | - |
| | | couse (a), stating underlying cause | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | | |
| 1 | | PART 2 OTHER SIGNI | FICANTO | ONDITIONS CO | ONTRIBUTING TO F | DEATH BUT | NOT RELATED TO TH | HE TERMAIN | NAL DISEASE OR CON | DITION GIV | (EN IN PART 1// | | |
| | NO | | | .0.10110110 | | 201 | NOT RELATED TO II | 12 12 10 11 11 | THE DISEASE ON CO. | 011011 011 | EI II II AKT TI | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATE | ON | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | 20b. IF YES | S, WERE FINDIN | NGS USED | 2 |
| | TIFIC | | | 9.0 | | | | | YES NO | | S 🔀 | NO [| • |
| | | 21a. ACCIDENT WAS UNDE | _ | 216 TIME O | | AY YEAR | 21¢ HOW INJURY | OCCURRE | D (ENTER NATURE OF INJU | RY IN ITEM 18, P | PART I OR PART 2) | | |
| į | CAL | OR CONTRIBUTING CA | EXAMINER) | P./ | | 19 | i i i i i i i i i i i i i i i i i i i | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK | | 21e. PLACE ((AT HOME, STR | OF INJURY BEET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | | CITY OR TO | VN | COUNTY | STATI | E |
| | | | | D 1 1 1 | | Dogomi | ber 18 10 | 78 | . to January | 7 | 70 | . X . | - |
| | | 22a. I certify that XI (1 sow the deceased abave, XI (we) (did | this hospit dalive on | Januar | y 7 19 7 | 79 or | nd that in XX (our) | | oth occurred on the d | ote and hou | r and from the | that (h) (we |) last |
| | | abave, N (we) (die | d) XXX | 1) view the body | after death. | | DEGREE | | | | 122 DATE | | |
| | | Kich | and | 1/3/ | ome | 2,1 | 4 D ATTENI | | MEDICAL STA | | 1- | 7-7 | 9 |
| | | 224 PHYSICIAN'S NAM | ME (TYPE OF | PRINT) | | | | | al Institu | | | | |
| | | Nicha | rol | Bron | ner | | Clinical | Cent | er, NIH, B | ethes | da, MD | 20014 | |
| | 23a. Bi | URIAL, CREMATION, R | EMOVAL | 23b. DATE | | | EMETERY OR CREMA | ATORY | 23d. LOCATION | | COUNTY | STATE | |
| | | Burial | | Jan. | 9,1979- | Fair | view | | Gore-Fr | | | | ia |
| | 24. FU W | NERAL DIRECTOR | hare | 2 00 | Silver | Cnni | ma Ma | 250. DATE | REC'D BY REGISTRAR | 25b. REGIST | RAR'S SIGNAT | URE | |
| | - 11 | · · · · · · · · · · · · · · · · · · · | TOCT! | 5 00., | PITAGI. | pht] | ng, Md. | On | 11 22 1010 | | | / | |

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DHMH - 16 50M 7/77 (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 2 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. H HOUR Month 12 Doy 1979 Year Pefferle (Type or print) Dowhia 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH lost birthday) MONTHS DAYS HOURS Caucasian Female ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carban papers. P 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED Montgomery WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not jn hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR World give street address) ch Ct. 62-2F Spring Md Government Printing Other 13a. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 13c. CITY OR TOWN, 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Montgomery Silver Spring NO X 1314 Chiswick Ct. 62-2F md.20906 14 FATHER'S NAME Middle S. MOTHER'S MAIDEN NAME First First OSLPh rumbo Katharine 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Margaret (Yes, no, or unknown) 217-52-5748 arboo APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Carcinoma of Head of the 2 years IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF netastanon Canditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been prior 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [Health 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 90 (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work at wark 7/29/, 1977, to 1/12/, 1979, that (1) (we) lost 22a. I certify that (1) (this haspital) attended the deceased fram_ be retained filed with the 22c. DATE SIGNED 22b. SIGNATUR 1/12/79 ATTENDING MED. DIRECTOR DEGREE PHYS. be filed ro HOSPITAL Page 4 may b 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) directar, shauld b 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION BUR TAL GEO MD. CEDAR HILL CEMETERY SUITLAND FRANCIS J. COLLINS ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25m·1/70 500 UNIV BLVD . W. SILVER SPRING MD.

MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dires should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages I and 2 should be filled within 72 had with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02133

| REGISTRAK | | | • | | | REG | NO. | | | | |
|-----------------------------|--|---|--|-----------------|-------------------------------|----------------------------------|------------------------|--------------------------|--------------|---------|--|
| 1. DECEASED NAME | FIRST | MIODLE | | LAST | 7-4-1 | 20 DATE OF DEATH | HTMOM | DAY YEAR | 26. HOUR | _ | |
| (TYPE OR PRINT) | Richard | Brock | cett | Perry | | January | 10, | 1979 | 5:10 | A | |
| 3. SEX | 4.1 | RACE | | OF BIRTH | | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 | 4 HRS | |
| Male | | White | Janu | ary 07. | 1936 | | 43 YR | MONTHS DAYS | HOURS | MIN. | |
| 70. BIRTHPLACE STATE | OR FOREIGN 76 | CITIZEN OF WHAT C | OUNTRY? 8 | IED X NEVER A | | 9 BALTIMORE CIT | 0.00 | | | | |
| Roanoke, Va | 1. | USA | WIDOV | | VORCED | Monts | gomery MD. | | | | |
| 10. CITY OR TOWN OF | DEATH 11. | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION | | | | | | 126. KIND C | F BUSINES | | |
| Bethesd | a Ti | ne Clinica | Center, | NIH Bet | thesda Md | State Dept. Chief Nous an Offic | | | | | |
| USUAL RESIDENCE (IF) | JURSING HOME OR OTH | ER INSTITUTION, GIVE RESI | OENCE BEFORE ADMISSION | 1 13d. INSIDE C | ITV LIMITED 1 | 13e. STREET ADDRES | c | | AI | D | |
| Virginia | Fairf | | le Church | | NO 3701 S. George Mason Drive | | | | | | |
| 14. FATHER'S NAME | | | | | MAIDEN NAM | NAME | | | | | |
| I. Roy Pe | erry | DLE | LAST | Evely | n | MIDDLI | I | Brockett^ | ST | | |
| 160 WAS DECEASED EV | ER IN U.S. ARMEI | D FORCES? 16b SO | CIAL SECURITY NO. | 17. INFORMA | NI Falls | s Church, | Virg: | inia 200 |)41 | | |
| yes | 1958- | -64 226 | -40-4085 | | | | 701 S.George Mason Dr. | | | | |
| 18 CAUSE OF DI | ATH (Enter only o | one couse per line for | (o), (b), and (c).) | | | | | | MATE INTERV. | | |
| PART I. DEAT | WAS CAUSED B | Y: Br | | monia, h | oilatera | al, marked | 1 | 1 we | ek | | |
| 7247 | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) myeloproliferative syndrome | | | | | | | | | | |
| Canditions, it | | | | | | | | 3 ye | 3 years | | |
| gove rise to cause (a), st | immediate | DUE TO OR AS A C | ONSEQUENCE OF | FOLIENCE OF | | | | | | | |
| | use last. | | o, or as a consequence of malignant lymphoma 1-2 years | | | | | | | | |
| | IGNIFICANT CON | NDITIONS CONTRIBL | JTING TO DEATH BL | T NOT RELATED | TO THE TERMI | NAL DISEASE OR CO | NOITION | GIVEN IN PART 1 | 01 | | |
| NO DATE OF OPE | | | | | | | | | | | |
| 190 DATE OF OPE | RATION | 196. CONDITION FO | OR WHICH OPERATI | ON WAS PERFO | RMED | 20a AUTOPSY? | | YES, WERE FINDING CAUSES | | ? | |
| E L | | ALL THAT OF INTUIN | v | Ta1. ((0).((1)) | ILIBY OCCUPA | YES 📉 NO | | YES X | NO 🗌 | | |
| OR CONTRIBUTIONS | CAUSE OF DEATH | 216. TIME OF INJUR HOUR A.M. MO | | | JURY OCCURR | ED (ENTER NATURE OF II | NJURY IN ITEM | 18, PART 1 OR PART 2] | | | |
| (IF EITHER, NOTIFY M | | P.M. | 19 | | | | | | | | |
| (IF EITHER, NOTIFY M | T WHILE | 21e. PLACE OF INJU | ORY, OFFICE, FARM, ETC.) | 21f LOCATIO |)N | CITY OR | TOWN | COUNTY | STAT | re | |
| AT WORK | WORK - | | 100000 | | 70 | | | | 250 | | |
| 220.1 certify that | A (this hospital) | attended the decea | sed from <u>Janu</u> | ary 09 | | to Januar | | | thatXI) (we | e) lost | |
| | e) (did) XXXXV | anuary 10 | ath. | | (our) opinion a | eath occurred an the | e dote ond | | | ed | |
| 226. SIGNATURE | 111 | 11 | 12 11 | DEGREE | TTENDING | MEDICAL S | TAFF | 22c. DATE | SIGNED | | |
| U | CA 8 | 1 | Lei, MI | | | DIRECTOR PHY | | V//// | 14 | | |
| 22d. PHYSICIAN'S | NAME (TYPE OR PRI | NT) | 0 | 22e ADDRES | s of Hea | alth, Beth | esda, | Md. 20 | 014 | | |
| - | t. S. | 41CH18 | * | The Cl | inical | Center, N | ation | al Insti | tutes | | |
| | | | | | | | | | | | |
| 23a. BURIAL, CREMATIC | N, REMOVAL | 23b. DATE | 1 | CEMETERY OR | | 23d. LOCATION CITY OR TOWN | | | STATE | E | |
| burial | | 23b. DATE 1-13-79 | 1 | cemetery or c | metery | Roano | | a. COUNTY | | Ε | |
| burial 24. FUNERAL DIRECTO | | 1-13-79 | 1 | | metery | 23d. LOCATION CITY OF TOWN ROANO | | a. COUNTY | | E | |

DHMH - 16 50M 7/77 (VR A 15 (4))

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retained by the hospital or attending physician.

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NAME: Barbara Maria Pfeifer

DATE OF DEATH: January 16, 1979

PLACE OF DEATH: Montgomery County

#79-0h771 February, 1979 Montgomery County

WHITTETTEL

NAME: Joseph Alan Pheasant

DATE OF DEATH: January 24, 1979

PLACE OF DEATH: Montgomery County

SEE:

#79-04772 February, 1979 Montgomery County

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | hat | by i |
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| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital ar ottending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par should be detached for use as the burial-transi permit. Then please remove corbanoppers. Pages 1 and 2 should be filed within 72 hours offer d |
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BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02134

| | | | | | | ERTIFICATE OF DEATH | REC | . NO. | | |
|--|-----------------------|--|--|--|---|---|--|---|---|------------------------------|
| | | CEASED NAME E OR PRINT) | FIRST | MIDDL | 10 | LAST | 2a. DATE OF DEAT | | DAY YEAR | 26. HOUR |
| | 3. SE | × +11 | _DA | RACE + | HENIC | DATE OF BIRTH | 6 AGE (IN YEARS LAST | SIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 2 |
| 5 | - | F | - | WHITE | | MONTH DAY YEAR 3/ 6/ | 77 | YRS. | MONTHS DAYS | HOURS |
| 76 | | IRTHPLACE (STATE OR F | OREIGN 7b | USA | N | AARRIED NEVER MARRIED | 9. BALTIMORE CIT | | TY OF DEATH | |
| 71 | - | ITY OR TOWN OF DE | ATH 11. | (IF NOT IN SUCH FAC | PITAL, NURSING H | OME OR OTHER INSTITUTION | 170. USUAL OCCUP | ATION IST OF WORKING | LIFE) INDUSTRY | OF BUSINES |
| 3 | USU | AL RESIDENCE (IF NUR | | ER INSTITUTION, GIVE | | 7 7 7 7 | PACTORY | WORKE | R GAR | MENT |
| 15 | | PA | SOMERIE | | ARRETT | YES 🔀 NO 🗌 | Box 13 | | | |
| 151 | 14. FA | ABRAHAN | MIDD | LE | SHULTZ | 15. MOTHER'S MAIDEN FIRST ALFARE | MIDDE | | Run | SER |
| 3 | | WAS DECEASED EVER YES, NO OR UNKNOWN) | (IF YES, GIVE WAI | /2374 / BO 9 | SOCIAL SECURITY 0-26-53 | DALE BULLAND | 10 3009 | DRESS ELLICET FULLE | T RO | |
| | | Canditions, if any gove rise to im cause (a), state | mediate ng the | DUE TO, OR AS | A CONSEQUENCE | | | | | |
| | ICATION | gove rise to im cause (a), stati underlying cousi | mediate ng the e lost NIFICANT CON | (b) | A CONSEQUENCE | | 200 AUTOPSY? | 20b. IF Y | ES, WERE FINDI | NGS USED |
| 1 | CERTIFICATION | gove rise to im cause (a), stati underlying coust | mediate ng the e lost NIFICANT CON | DUE TO, OR AS (c) IDITIONS CONTE 196. CONDITION 2)6. TIME OF IN. | A CONSEQUENCE | E OF H BUT NOT RELATED TO THE TI RATION WAS PERFORMED 21c. HOW INJURY OCC | | 20b. IF Y IN CERT | ES, WERE FINDI | NGS USED |
| 9 | ICAL CERTIFICATION | gove rise to im cause (a), stati underlying coust PART 2 OTHER SIG | mediate ng the e lost NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) | DUE TO, OR AS (c) JOITIONS CONTR 196. CONDITION 216. TIME OF IN. HOUR A.M. P.M. | A CONSEQUENCE BUTING TO DEAT I FOR WHICH OPE IURY MONTH DAY | E OF H BUT NOT RELATED TO THE TO RATION WAS PERFORMED YEAR 19 | 200 AUTOPSY? | 20b. IF Y IN CERT | ES, WERE FINDI | NGS USED S OF DEATH |
| 9 | MEDICAL CERTIFICATION | gove rise to imcause (a), stati underlying coust part 2 OTHER SIG | mediate ng the lost lost NIFICANT CON TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED THILE THE | DUE TO, OR AS (c) DITIONS CONTE 19b. CONDITION 21b. TIME OF IN. HOUR A.M. 21e. PLACE OF IR | A CONSEQUENCE BUTING TO DEAT I FOR WHICH OPE IURY MONTH DAY | PATION WAS PERFORMED 21c. HOW INJURY OCC | 200 AUTOPSY? | 20b. IF Y IN CERT | ES, WERE FINDI | NGS USED S OF DEATH NO |
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| The second secon | | gove rise to imcause (a), statiunderlying couss PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOT WAT WORK AT WORK) 22a, I certify that (1) saw, the decease obeyed (1), well) | mediate ng the e lost NIFICANT CON TION DERLYING CAUSE OF DEATH ALL EXAMINER) RED Whis hospital) ed alive an did) (did ng) vi | DUE TO, OR AS (c) 19b. CONDITION 2)b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, F | A CONSEQUENCE RIBUTING TO DEAT IN FOR WHICH OPE IURY MONTH DAY JURY ACTORY, OFFICE, FARM. | PEOF H BUT NOT RELATED TO THE | 20a AUTOPSY? YES NO CITY OF C | 20b. IF Y IN CERT | ES, WERE FINDING CAUSES YES | NGS USED S OF DEATH NO STA |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-12135 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH 2h. HOUR (TYPE OR PRINT) ELSIE 2:45PM 3 SEX A RACE S DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 19"0"3 NOV 19 A Female Caucasian 75 7a. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Virginia II.S.A. WIDOWEDXX Montgomery. DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Rockville Nursing Home Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSIONS 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Rockville 1210 Broadwood Drive Montgomerv YES XX NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Not Thomas Elliott. Available DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 3 Flanders Ave NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) 577 03 6476 Alton Phillips Kensington, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a OR AS A CONSEQUENCE O Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last cuteriou across PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [burial-transit p 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ā AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alige and that in (my) (aur) apinian death occurred an the date and have and from the causes stated above () (we) (did) (did hat) liew the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL. STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 780) MAREUR BUR BO Huster Wym Bow mo. Shoul with 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Rockwille, Maryland STATE Buria1 Parklawn Memorial 1/15/79 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 "HOMES, P.A. BETHES DA," MARY LAND (VR A 15 (4))

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| | | 1- | FOR STATE REGISTRAR | DEF | ARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 79 - | 02136 |
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| ours after death bags 4 may be in by the fureral director, page 3 be filed within 2 hours after death be notified at one. | 47 | 3. SE) 70 BI | FEMALE RITHPLACE ISTATE OR FOREIGN DUNTRY) WASHINGTON, D.C. TY OR TOWN OF DEATH TAKOMA PARK ALL RESIDENCE OF DIRENING HOME OR | WASHINGTON AT | 5. DATE MONT FE JTRY? 8. MARRII WIDOW URSING HOME STREET ADDRESS) VENTIST BEFORE ADMISSION | B 3, 1885 ED NEVER MARRIED OF DIVORCED OF OTHER INSTITUTION HOSPITAL | 9. BALTIMORE CITY OR COU MONTGOMERY 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE | MD. 12b. KIND OF BUSINESS OR INDUSTRY |
| e executed within 24 hau n and campletely filled in Pages 1 and 2 shauld be medical examiner must bu | 35 | M I4 FA | THER'S NAME STANLEY (AS DECEASED EVER IN U.S. AR) | MED FORCES? 166 SOCIAL | | 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAV FIRST GERTRU 17. INFORMANT | DE MIODLE | BŸŘD SILVER SPRING,MU. |
| n. no seen signed by the attending physician permit. Then please remove corban popers: me prior to a build, cremation, are removal. ws any injury, or other traumatic event, the | 9 | CERTIFICATION | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause last. PART 2. OTHER SIGNIEIC INTO | D BY: E CAUSE (0) DUE TO, OR AS A CON. (b) DUE TO, OR AS A CON. | SEQUENCE OF | V. P THOT RELATED TO THE TERM LECTION | INAL DISEASE OR CONDITION PESAL 1200 AUTOPSY? 1200. II | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| TITAL OR ATTENDING PHYSICIAN, The yethe hospital or attending physician RAL DIRECTOR. After this certificate he detached for use as the burdi-transitiate Dept. of Health and Mental Hygies Is marked or tem 18 shown. | 9 | MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF FITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBDAY. (If (we) Leich for not 22b. SIGNATURE) 22d. PHYSICHA SANAME TYPE OF | HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C | DEFICE, FARM, ETC.) | 211 LOCATION STREET and that is (my) (o)r) opinion of DEGREE ATTENDING PHYSICIAN | CITY OR TOWN | COUNTY STATE: , 19, that (I) (we) lost thour and from the couses stated 22c. DATE SIGNED |
| TO HOSP retained to TO FUNE should be with the | 1 | 23a. E | URIAL, CREMATION, REMOVAL | 1 R T E 1 23b. DATE a/31/79 | | CEMETERY OR CREMATORY TNCOLN | 23d. LOCATION BRENTWOOD | PRINGEO MO. |

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4)) 24 FUNERAL DIRECTOR FRANCIS J. COLLINS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH PIGNONE (TYPE OR PRINT) OF ESTI-DEATH MATED 197 ON STREET 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD 10 FILED, WITHIN To. BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED A DIVORCED WASHTNGTON 126. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HOUSEWIFE SHOULD BE sazet Qoodeand ST., N.E., WASH., D.C. 13c. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OF ALT FRANCIS CARROLL SUSZELL ELGIN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS ROCKVILLE, MD. 17. INFORMANT SON DIVISION 578-09-4680 PIGNONE, 6500 FARMINGDALE CT CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS OR REMOVA Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF 21201 PRIOR TO BURIAL, YES 🗌 NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P AA 19 21e. PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COLINTY STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian ARYLAND, Natural causes death resulted fram: Undetermined manner DIRECT Hamicide TITLE (SPECIFY) ACTUAL FUNERAL I SIGNATURE MEDICAL EXAMINER BALTIMORE, EXAMPLER'S NAME JOHN S. ROGERS 1909 SEMINARY ROAD, SILVER SPRING, MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL VER SPRING STATE MD . GATE OF HEAVEN MONT 1/8/79 BP. 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 256. RESIST AR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 500 UNIV BLUD W SILVER SPRING MD 15M 7/77

STATE OF MARYLAND

TOHU S. RASTRUS

| * | | 1. | FOR STATE REGISTRAR | DEPAR | TMENT OF H | EALTH AND MENTAL HYC ICATE OF DEATH | GIENE 79 | -02 | 139 | |
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| y be | | (TYPE | CEASED NAME FIRST PHILII | | PIT | - And And | 1/30/7 | of G | 1.0 | 3/ |
| (Nata) | | 3 SE | MALE | 4. RACE WHITE | 5. DATE C APRI | DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDA | YRS | | 4 HRS |
| death. Pouneral dinn 72 ha | 97 | C | RTHPLACE (STATE OR FOREIGN OUNTRY) POLAND | 76 CITIZEN OF WHAT COUNTR | MARRIE | | 9 BALTIMORE CITY OR COMONT COMERV 120 USUAL OCCUPATION | | | M |
| by the filled with | 10 | BE | THESDA | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE SUBURBAN HOS | PITAL | R OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO BAKER | ORKING LIFE) 121 | S. KIND OF BUSINES DUSTRY | 5 0 |
| n 24 hou , filled in hould be | 21 | 13a S | ARYLAND 136 COU | OR OTHER INSTITUTION, GIVE RESIDENCE BEF JINTY 130 CITY OR TO | ORE ADMISSION) | GYES NO [| 13e STREET ADDRESS 7913 TAKOM | A AVENU | IE | |
| ompletely ond 2 s | 160 | | ATHER'S NAME FIRST ABRAHAM | MIDDLE LAST PITTLE | | BELLA BELLA | MIDDLE | | TRAVA | |
| be execu on and co s. Pages e medica | 1 | 16a V | NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV | RMED FORCES? 166 SOCIAL SERVE WAR OR DATES) 218-34- | | 17. INFORMANT FRANCES PIT | | 913 TAK ILVER S | | 2. |
| eath certificate tending physic is carbon pape on, or remaval | | - | PART I. DEATH WAS CAUS IMMEDIA | only one cause per line for (a), (b), ED BY ATE CAUSE (a) DUE TO, OR AS A CONSEC | in A | nest | | | APPROXIMATE INTERVI BETWEEN ONSET AND DE | ĒÀTH |
| that the de de by the ott lease remover ial, cremation or other trou | | | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEC | 0 | wenie, kype | via, septie | rouis | | |
| bow requires on been signe sermit. Then pose prior to bur we any injury, | 2 | CERTIFICATION | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | O DEATH BUT | | 200 AUTOPSY? | CERTIFYING | PART 1(0) RE FINDINGS USED CAUSES OF DEATH | 1? |
| CIAN: The I physicio errificate h al-fransit I ntol Hygie err 18 shor | 9 | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINER | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | YES | R PART 2) | |
| IG PHYSI attending ter this ce the buri n and Mer | | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | | 211. LOCATION STREET | CITY OR TOWN | co | YINU STAT | TE |
| NTTENDIN spital or CTOR: Af- for use a of Health | | | 220. L certify that (1) (this hasp saw the deceased all abave (1) (we) (did) (did no | poital) attended the deceased from | 79,00 | | death accurred on the date | and haur and | from the causes state | , |
| ALOR A the hose tall DIREC detoched ote Dept. | | | 22b. SIGNATURE | Month. | mQ. | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | | 2t. DATE SIGNED | |
| TO HOSPITAL retoined by TO FUNERAL should be de with the Stoft | 1 | | DR. ROBERT HAL | LOWITZ, MO | | | ROCKVILLE PI ILLE, MARYLAN | | ITE 502 | |
| HOLE BP | | (| BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL | FEB. 2, 1979 1 | KING DA | EMETERY OF CREMATORY VID MEM. GART | DEN CITY FALLS C | HURCHPUNI | | EA |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | 24. F | UNERAL DIRECTOR MASIE | IN HEB. MEM. FUI ST., N.W., WASH. | D.C 2 | 0012 250 DAT | FR 5 1979 | // | SIGNATURE | 4 |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) Ponton Margaret Agnes 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX FEMALE DAYS NOV 3, 1922 WHITE 56 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery WASHINGTON D.C DIVORCED IX WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Montgomery Gens Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY olnev USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND MONTGOMERY SILVER SPRING 15301 WALLBROOK COURT. YES X NO A FATHER'S NAME 15 MOTHER'S MAIDEN NAME WALTER T. WILKINSON AGNES C. FOX 17 INFORMANISTER 166 SOCIAL SECURITY NO BALTIMORE, MD. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I HE YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) 577-24-4664 NO ANNA MARIE DUNMIRE. 1717 NORTHBOURNE ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY HEPATORENAL SYNDROME 2 WEEKS IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF CIRRHOSIS OF THE LIVER GEARS Conditions, if ony, which gove rise to immediate couse 10), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION GASHTOINTESTINAL BLEEDING 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NONE NOX YES [NO C 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 PM 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE JANMAY August 18 22a.1 certify that (1) (this hospital) attended the deceased from_ JANJARY T 79 sow the deceased alive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATURE DEGREE M20 ATTENDING MEDICAL STAFF 1/8/79 PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS BARRY HECHT 10620 GEORGIA AVENUE SILVER SPRING 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE STATE (SPECIFY) CITY OR TOWN COUNTY BURTAI ROCK CREEK CEMETERY WASHINGTON

STIVER SPRING

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

FRANCIS J. COLLINS

500 UNIVERSITY BOULFVARD WEST

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1- | FOR STATE REGISTRAR | DE | | HEALTH AND MENTAL HYG | REG. NO. | 79-02 | 141 | | |
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| | CEASED NAME FIRST | arence Russel | Ll Pope | LAST | January 27 | | 26 HOUR 1:55a | | |
| 3 SE | X | 4 RACE | 5. DATE (| | 6 AGE (IN YEARS LAST BIRTHDAY | MONTHS DAYS | | | |
| | Female | Caucasian | June | | 79 | YRS. | HOURS MIN | | |
| Ÿ | RTHPLACE (STATE OR FOREIGN OUNTRY) irginia | 76 CITIZEN OF WHAT COU | MARRIE | | Montgome Montgome | | MD | | |
| 7 | Olney | | Genera | Al Hospital | | | | | |
| 13a S | Md. 13b C | me or other institution, give resident ounty 13c. CITY of Derwi | RTOWN | YES NO TO THE TRANSPORT OF THE PROPERTY OF THE | | | | | |
| 14 FA | Charles I | Edward Po | pe | Daisy | | Edmondson | AST | | |
| 16a V | NAS DECEASED EVER IN U.S YES, NO ORUNKNOWN) (IF YES | CHIEFTEE CORP. TECH | 44-5266 | Elizabeth Po | ppe 7500 Mil | ler Fall Maryland | Road, | | |
| 7 | Conditions, if ony, whice gove rise to immediate cause (b), stating the underlying couse loss | e DUE TO, OR AS A COM | | | and Ana | | (0) | | |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200 IN | I. IF YES, WERE FIND CERTIFYING CAUSE YES [] | INGS USED S OF DEATH? | | |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C | DE DEATH HOUR A.M. MONT | TH DAY YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN I | | | | |
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| | | e ond not) view the body after death | | nd that in (my) out opinion o | death accurred on the date o | nd hour and from the | that (1) ellost couses stated | | |
| | 27b. SIGNATURE | 00en 26 | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 1/0- | SIGNED, | | |
| | 22d. PHYSICIAN'S NAME (T | G. Lodmell , | M.D. | | | ire, Olne | y, Md. | | |
| 23a. B | BURIAL, CREMATION, REMO SPECIFY) Burial | Jan. 29, 179 | | ill Cemetery | Stephen's C | ity Fre | d. Va. | | |

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene priar

Gartner-Sandison F.H.

316 AEness Diamond Ave. Gaithersburg, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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FOR

REGISTRAR

- STATE

26 HOUR IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS YRS BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WASH. DE 7101 WISC. AUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIEVING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2). COLINTY STATE and that in (my) (aux) opinion death occurred an the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN PHYSICIAN 11125 Rockville Pike #103, Rockville, Md. STATE COUNTY BP. BURIA MHSS NORTH ANDOUER 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) FHUERAL HOME WASFIE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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3831 Georgia Avenue, N. W.

STATE OF MARYLAND

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

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signed by the ottending physicion and co hen please remove carbanpapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

| | STATE OF MARYLA |
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| OR | DEPARTMENT OF HEALTH AND A |

ND MENTAL HYGIENE

79-02144

| V_{i} | | REGISTRAR | | | | CERTIF | ICATE OF DEAT | Н | REG. | NO. | | |
|---------|---|--|----------------|------------------------------|-------------------|------------------|-----------------------|-------------------------------------|--|----------------------|------------------|-------------------------------------|
| 1 | | CEASED NAME | FIRST | A | AIDDLE | | AST | 100 | 20. DATE OF DEATH | | DAY YEAR | 2b HOUR |
| | (ITPE | OR PRINT) | Kath | rm | V. | p, | ower | | January | 29 | 1979 | 9:59Am |
| | 3 SE | Х | Natil | 4. RACE | | 5 DATE C | F BIRTH | | 6. AGE (IN YEARS LAST I | | IF UNDER I YEAR | R IF UNDER 24 HRS |
| 1 | FC | | | CAG | 74. Annth | | 5 2 | 6 | 52 | YF | MONTHS DAYS | HOURS MIN. |
| | 76. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF W | | | WHAT COUNT | RY? 8 | NEVER MARRI | FD \square | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| | | MASSACHUS | ETTS | U.S.A | 4. | WIDOWE | | | Montgo | mery | | MD. |
| 10 | 10. C | ITY OR TOWN OF DE | ATH | | HOSPITAL, NUF | | ROTHER INSTITUTION | NC | 12a. USUAL OCCUPA (TYPE OF WORK FOR MOS | ATION I OF WORKIN | 12b. KIND | OF BUSINESS OR |
| 01 | 01ney | | Montgo | mery G | eneral 1 | Hospital | | HOUSEWIF | E | | | |
| 25 | | AL RESIDENCE (IF NU | RSING HOME OR | | GIVE RESIDENCE BE | | 13d. INSIDE CITY LIA | AITS? | 134 STREET ADDRES | 5 , | > | ٨. |
| 50 | | MD | MON | MGOMERU | KOCKL | 31/18 | YES NO | | 14313 K |)/AC | KMON & | X |
| . / | 14 FA | ATHER'S NAME FIRST | | MIDDLE | LAST | | 15 MOTHER'S MAIL | - | ME MIODLE | | HAAAA | AST |
| 31 | | THOMA. | | | DEMPSEY | , SR. | KATHI | RYN | | | MOORE | |
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| | | NO | | | 031-12 | -0151 | JEROME | F. P | OWER SA | ME A | | SBAND |
| | | 18 CAUSE OF DEA | TH Enter on | ly one cause per | 1 | | A 1 | | 1 | | BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| | | TAKI I. DEAIII | | E CAUSE (o) | Leuke | MIA | Houte 1 | nye | 210cytic | | | |
| | | 2050 | | DUE TO, OI | R AS A CONSE | | - 100 | 1 | | | | |
| | | Conditions, if on gove rise to in | | (b) | CRAN | 1 Negh | trive sy | 500 | 5 | | | |
| | | couse (a), stat | ing the | DUE TO, OI | RASACONSE | | 111 | July 1 | | | 75 768 | |
| | | | | (Ic) | Shock | | | | | | | |
| | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | GIVEN IN PART | 10 | |
| | ATIO | 19a. DATE OF OPER | ATION | TI96 CONDI | TION FOR WH | ICH OPERATIO | N WAS PERFORMED | | 20g AUTOPSY? | 20b. 1F | F YES, WERE FIND | INGS USED |
| 2 | IFIC | | | | | | | | / | IN CE | RTIFYING CAUSE | |
| 7.2 | - 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING CATE OF A COLDENT-WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART I OR PART) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | NEDICAL | 21d INJURY OCCU | | P.I | OF INJURY | 19 | 21f LOCATION | - | | | | |
| - | ME | WHILE NOT Y | WHILE C | (AT HOME, STR | EET, FACTORY, OFF | ICE, FARM, ETC.) | STREET | | CITY OR 1 | IOWN | COUNTY | STATE |
| | | 22s.l certify that (| l) (this hospi | tal) attended the | e deceosed fro | m m | , 19. | | , to | | . 19 | , that (I) (we) lost |
| | | sow the deceo | sed alive on | t) view the body | ofter death | 9 or | nd that in (my) (our) | opinion o | death occurred on the | date and | hour and from th | e couses stated |
| | | 226. SIGNATURE | 2 | 1 | ^ | | DEGREE | | | | 22c. PAT | E SIGNED |
| | | John | m IL | Min | ariel | / | 1) ATTENT | | MEDICAL ST DIRECTOR PHYS | TAFF SICIAN 🔀 | (1/2 | 9/79 |
| , | - 0 | 226. PHYSICIAN'S N | AME (TYPE O | R PRINT) | 10 | | 22e. ADDRESS | 0 | · 0/ 1 | | 0 | |
| 1 | | 3 | ohn l | K. Mil | narcik | | 18101 | Th | ince thill | ip | pr. | |
| 1 | 23a. E | BURIAL, CREMATION | , REMOVAL | 23b. DATE | 2 | 3c. NAME OF C | EMETERY OR CREMA | ATORY | 23d. LOCATION | 1 | COUNTY | STATE_ |
| | BURIAL 2/1/79 GATE OF HEAVEN SILVER SPRING MONT | | | | | | | | 3 | | | |
| 18 | 24 F | UNERAL DIRECTOR | FRANC | 77S I. C | OLLING | 10 110 | | 250. DATE | REC'D. BY REGISTRA | AR 25b. RE | STRAR'S SIGNA | Cheale |
| | 2 | 500 UNIV. B | LVD.,0 | V.,SILVE | K-SPRIM | VG,MD. | 20901 | FE | B 5 1979 | P | 477 | 7 |

DHMH - 16 50M 1/76 (VR A 15 (4))

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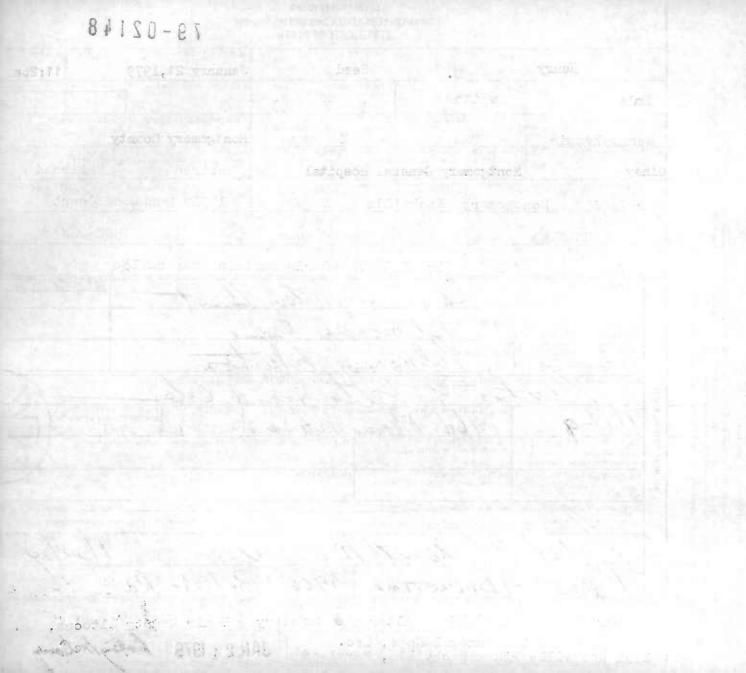
(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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79-02147 ACCIETANT ACCIONATE OF THE PARTY OF THE PART TEMPERAL WIFE X TANDESTO ENGLISHED IN AND TENNING A PROPERTY OF MANY PROPERTY OF A STATE OF A STATE OF A uil 1/7/179 i.v. y il. o 11 1/7/179



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME FIRST 2a. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-Ralph Odell Reid 19 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED :22 26, 1921 Male White 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARY LAND U.S.A. WIDOWED DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Silver Spring 11703 Highview Avenue FIREFIGHTER NAVY DEPT. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13. STREET ADDRESS 11703 Highview Avenue 13d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME R. MIDDLE RALPH THOMPSON GENEVIEVE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 578-05-4254 ROSEMARY D. REID SAME AS 13 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF (b) arteriosclerotic cardiovascular disease. Years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L IN CERTIFICATION None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21201 PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OF TOWN AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an and in my apinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy _MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME ADDRESS Silver Spring, Montgomery, Md. John 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE GATE OF HEAVEN SILVER SPRING BURIAL MD 24 FUNERAL DIRECTOR FRANCIS J. COLELINS 25a. DATE REC'D. BY REGISTRAR **DHMH-17** intrevmalreadis (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SPRING, MD, 20901 15M 7/77

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NAME: Joseph Garrett Reilly

DATE OF DEATH: January 15, 1979

PLACE OF DEATH: Montgomery County

SEE: 79-04787 February, 1979 Montgomery County

WORLD TO THE STATE OF THE STATE

79-02150

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-FRED DEATH MATED 0 HN SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED DELAY IS N TO THE FL N PAGE 5 BE FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) EAC HER MUSIC RECORDS, RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST AND FORM 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO. OR UNKNOWN) 579-34-4765 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which TERIOSCLEROSLE gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, E DEPARTMENT OF PRIOR TO BURIAL YES NO Z 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE STATE HOME ABOVE TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIS BALTMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural couses Suicide Hamicide Undetermined manner TITLE (SPECIFY SIGNATUR EXAMINER'S NAME SCONSIN (TYPE OR PRINT) ADDRESS O 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIF Burial STATE Jan. 20. 1979 Ft. Lincoln BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert Pumphrey Funeral **DHMH-17** (VR A15 ME (5)) Homes. Bethesda, Maryland 30M 7/73

97.1-34-1765

Palest A. Passbrey Suneral Co. Bindensburg, Md.

Poster, P.A. . Rechesda, "String

Pumphrey, Incres,

Ga. Ave. S.S. Md

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02152

IF UNDER 1 YEAR

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IF UNDER 24 HRS

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG MIDDLE LAST I. DECEASED NAME 2a DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) eanet 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH IF UNDER 1 YEAR EMALE HITE YEAR HOURS To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED COUNTRY WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVEN SPECIAL PROPERTY OF TOWN PRINGIPAL INSIDE CITY LIMITS? 130 STREET ADDRESS 1220 BLATE MILL ROAD p X#X7X7X7X7X7 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 0 MIDDLE FIRST HALLIE MIDDLE LAST "CURTIS WETGAND 16a: WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 10028 WEATHERWOOD COURT, POTOMAC, MO. 198-12-9355 09015 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line forgo), (b), and (c). PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE A CONSEQUENCE OF Jascular Accidente Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Mentol Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obaye (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS ld b ŧ 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURTAL 1/25/79 STS. PETER AND PAUL MARPLE TOWNSHIP DEL STATPA 24 FUNERAL DIRECTOR FRANCIS J. COLLINS. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 20901 500 UNIV BLUD W SILVER SPRING MD

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

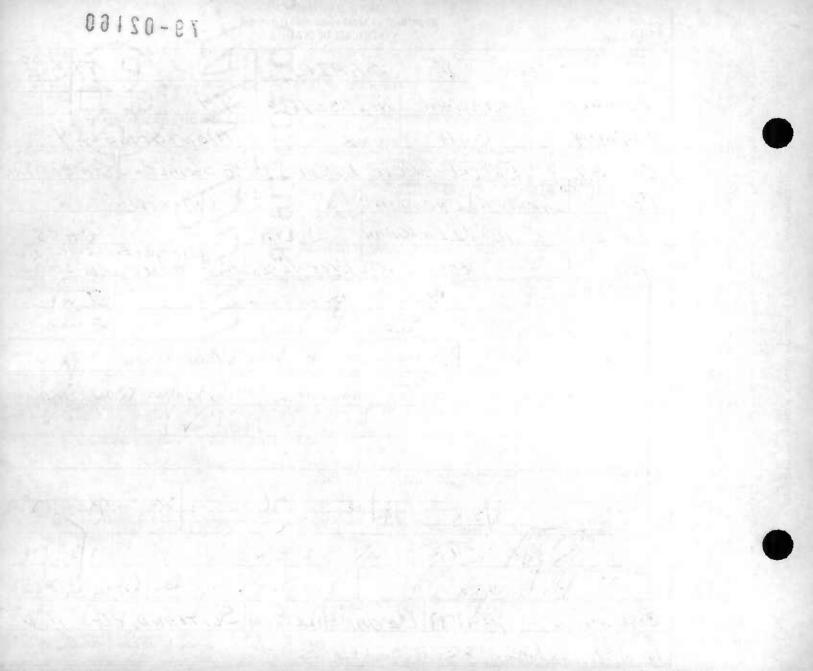
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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

79-02160

| 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4 RACE | MIDDLE | LAST | 20. DATE OF DEATH MONTH DA | Y YEAR 2h HOUR |
|--|--|-----------------------------------|--|--|
| 3. SEX 4 RACE | V. | SAPIR | 12 | 4 79 5 A M |
| | WCASIAN | NOV 30 1899 | 79 YRS. MS | FUNDER I YEAR IFUNDER 24 HRS |
| 3 CANADA | U.JA | MARRIED NEVER MARRIED | MONTGOM | IERY MD. |
| 90 OLNEY / BI | | VE NURSING IN | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secial Wirr | 126. KIND OF BUSINESS OR INDUSTRY STATEORCON |
| 13a STATE 13b COUNTY DAKNOU | 13c. CITY OR TOWN | 13d INSIDE CITY LIMITS? | STREET ADDRESS UNIE NOW! | <u> </u> |
| JAMES ENDOLE | DRCES? 166 SOCIAL SECURIO | HAN JULIA | MIDDLE | CASS NLOCIES P.D. |
| (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D | 002-32- | 2422 HELENLARS | | MO. 2-0034 APPROXIMAN INTERVAL BETWEEN ONSY AND DEATH |
| 18 CAUSE OF DEATH (Enter only one oc PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS | SE (o) | women garlon | _ | BETWEEN ONSY AND DEATH |
| gove rise to immediate | JE TO, OR AS A CONSEQUENT | that failing | market la vivia | Mara |
| PART 2. OTHER SIGNALICANT CONDIT | ON SONTRIBUTING DE | ATH BUT NOT RELATED TO THE TERMIN | NAL DISPLEE OR CONDITION ONE | V IN PARTITION |
| 190 DATE OF OPERATION 19b. | . CONDITION FOR WHICH O | PERATION WAS PERFORMED | 200 AUTONSY? 20b. IF YES, IN CERTIFY! YES NOW YES | WERE FINDINGS USED ING CAUSES OF DEATH? |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. TIME OF INJURY OUR A.M. MONTH DAY P.M. | YEAR 19 | D (ENTER NATURE OF INJURY IN ITEM 18, PAR | T 1 OR PART 2) |
| AT WORK AT WORK | PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARA | 21f LOCATION STREET | CITY OR JOWN | COUNTY STATE |
| 220.1 certify that (1) (this hospital) atte saw the deceased alive on obove, (1) (ma) (did that have view t) 22b. SIGNATURE | 1/2/3 19 | and that in (my) (oo Lopinion do | eath occurred on the date and hour o | 9 , that (I) (W) last and from the couses stated |
| I I I I X | the same | ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 12409 |
| C.H.L | LATA MAD | ME OF CEMETERY OR CREMAJORY | | my 16 26813 |
| 230. BURIAL, CREMATION, REMOVAL 236. D | 124/79 (0) | EDAR HILL CREM | | S.G. MD. |



79-02161 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Jonal 1 (NMN) SAWYER 79 8:17P M Jan 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS Male Negro Dec 24 56 22 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Alabama USA WIDOWED DIVORCED Montgomery CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Nat'l Naval Medical Center Communications USA ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) od 2 should b 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Alabama Hope Hull Rt. 1 Box 502 Montgomery NOX YES [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRS1 MIDDLE Gunter (NMN) Lee Colev Sawver Mary In WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b SOCIAL SECURITY NO Fort Bragg, N.C. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 101 2/2/75-1/5/79 422-80-8875 Cheryl Elaine Sawyer 66 Honeycutt Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH pope CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute Leukemia W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost uriol, ö d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per Mentol Hygiene NOX YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 9 Dec 78 5 NAX Jan 1079 220.1 certify that X (this hospital) attended the deceased from 79 5Jan and that in () (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed alive on 5Jan abame, (I) (we) (did) (did not) view the body ofter death. Id be detoched the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED nach -LCDIC MD ATTENDING MEDICAL 6Jan79 DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS A. TRACE Nat'l Naval Medical Center, Bethesda, Md. Shoul with 230. BURIAL CREMATION REMOVAL 23h. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sawyer's Family Cempope Hull Montgomery Alabama Jan 79 Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS

Marshall Funeral Home 4217 9th St. Wash D.C.

(VR A 15 (4))

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VOIDED DEATH CERTIFICATE # 79-02162 ACTUALLY 1978 DEATH



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79-02164 Tylden Dr. Oceans prequest TO VIVE ME CON

| STATE OF MARYLAND |
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| APRADUATIVE AP HEATTH AND MEN |

NAME Olin L. Molesworth, Damescus, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1- | FOR STATE REGISTRAR | | DEPAR | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. No. | 0216 | 5 |
|------------|---|--|---|----------------|---|---|--|--|
| | OR SOLDING | rst fary | A. | L | SCHULZ | 20 DATE OF DEATH MONT | TO THE PERSON OF | 26. HOUR 6:06AI |
| 3. SEX | х | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | | |
| | Female | Whi | te | нтиом | cil 25,1884 | 94 | YRS. | HOURS MIN |
| - CC | RTHPLACE ISTATE OR FOREK OUNTRY) Maryland | | S.A. | MARRIEI WIDOWE | NEVER MARRIED | Montgomers | | 4 ~ |
| | olney | Mont | gomery G | en. H | ospital | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Secretary | RKING LIFE) 126. KIN INDUST U.S | of BUSINESS O |
| 130 S | | HOME OR OTHER INSTITUTE COUNTY Montgomery MIDDLE | 13c. CITY OR TO | urg | 13d. INSIDE CITY LIMITS? YES NO TO 15 MOTHER'S MAIDEN NAMERIEST | MIDDLE | | LAST |
| 160 V | VAS DECEASED EVER IN | | | | Louise | Darby | Burde | tte |
| | | YES, GIVE WAR OR DATES | | | Mrs Otis Ede | lin Day Ita | m 13 | |
| ATION | | the last. DUE TO | OR AS A CONSEQUENCE CONTRIBUTING TO | D DEATH BUT | NOT RELATED TO THE TERM | | ON GIVEN IN PAR | |
| CERTIFICAT | | | | .n ofeka noi | WAS PERFORMED | | CERTIFYING CAU | |
| MEDICAL CE | 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX | SE OF DEATH HOUR | E OF INJÜRY A.M. MONTH I P.M. | DAY YEAR | | ED (ENTER NATURE OF INJURY IN II | EM 18, PART) OR PART | 2) |
| MED | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | CATHOUS | CE OF INJURY , STREET, FACTORY, OFFICE | E. FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | 22a.1 certify that (D)(this saw the deceased abave, (1) (We) (Eid) | olive on | | | d that in (my) (30) opinion o | eath accurred on the date of | nd hour and from | , that (I (we) to the causes stated |
| | 22b. SIGNATURE | 200 | m000 | W | | MEDICAL STAFF DIRECTOR PHYSICIAN | | SOLLAR |
| | John Loc | | . D. | | 22e ADDRESS 18111 Pri | nce Philip | Dr., 0 | 20832 lney, Md |
| | BURIAL, CREMATION, REA | MOVAL 236. DATE | 230 | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | - |

JAN 2 4 1979

DHMH-16 60M 1/73

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remayal.

(VR A 15 (4))

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|---|---------------|---|-------------------------------|------------------------------------|------------------------------------|---|------------------------------------|--------------|
| | 1 | FOR STATE REGISTRAR | | | EALTH AND MENTAL HY ICATE OF DEATH | 7.9 - 0.2 REG. NO. | 166 | |
| | | ECEASED NAME FIRST | MIDDLE | .51 | Luzanta | 20. DATE OF DEATH MON | TH DAY YEAR 26 H | OUR AS |
| 4 may | 3 S | Female | 4 RACE White | 5 DATE O | DAY VEAD | 6 AGE (IN YEARS LAST BIRTHDAY | 7010 | IDER 24 HRS |
| h. Poge al direct 2 hours | | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT | COUNTRY? 8 | 4, 1889 | 9 BALTIMORE CITY OR CO | YRS. OUNTY OF DEATH | |
| er deat | | Russia LITY OR TOWN OF DEATH | U. S. A. | TAL, NURSING HOME C | DR OTHER INSTITUTION | MINT GOME | 12b. KIND OF BUS | MD. |
| aurs oft | S OST | LOCKVILLE JAL RESIDENCE (IF NURSING HOM | OR OTHER INSTITUTION, GIVE RE | ME OF GREAT | ER WASHINGTO | V Fur Dealer | rkindufe) Industry Fwr | |
| in 24 h | 1 | STATE C. ATHER'S NAME | | shington | 13d. INSIDE CITY LIMITS? YES NO [| | lue., N. W. # | 202 |
| amplete ond 2 | 1 | Moishe | MIDDLE | Oronitz | Deena | MIDDLE | Not Known | |
| e execut | 160 | WAS DECEASED EVER IN U.S. (16 YES, NO OR UNKNOWN) (16 YES, | GIVE WAR OR DATES) | 9-07-6011 | Mrs. Lili Cru | ane Same as | No. 13 | |
| ficote b physicial papers. naval. ent, the | | 18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU | JSED BY: | | EMIA | OWIIC WS | APPROXIMATE TO BET WEEN ONSET A | |
| anding p corbon n, ar ren natic ev | | 2506 | DUE TO, OR AS A | CONSEQUENCE OF | " | 1, | 7 0000 | 7,7 |
| the dec the atte remove emotian | | Conditions, if ony, which gove rise to immediate couse to, stating the | DUE TO, OR AS A | CONSEQUENCE OF | -ANGREN | | | |
| res thot ned by pleose ourial, cr | | PART 2 OTHER SIGNIFICAN | IC) | BUTING TO DEATH BUT | TIC HIVE | NINAL DISEASE OR CONDITION | ON GIVED IN PART 1(0) | |
| been sig | ATION | 190 DATE OF OPERATION | VERE D | PLI- ANIC | SKHN N WAS PERFORMED | 200 AUTOPSY? 120 | IF YES, WERE FINDINGS U | ISED |
| N: The la ysician. Icate hos la ysician. Icate hos la ysician hos la ysician per la shows of la shows | CERTIFICATION | 21g. ACCIDENT WAS UNDERLYING | 17 216. TIME OF INJU | IPY | 21/ HOW IN HIPV OCCUP | YES NO | | EATH? |
| SICIA ng ph certif rrial-t entol Item | MEDICAL C | OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. A | MONTH DAY YEAR 19 | | TRED TENTER NATURE OF INJURY IN | DEM 16, PART I ORPART 2) | |
| PH Hen Hen The Sind ed o | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF IN | JURY CTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| TENDING ord or or TOR. After ar use as of Health | | 220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) | on //15/ | 19 /G or | 7, 19 | deoth occurred on the dots | | () (we) lost |
| the has | | 22b. SIGNATURE | Ac Ac | | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE SIGN | 79 |
| O HOSPITAL OR A etained by the has TO FUNERAL DIRECTORD with the Stoole Dept. MARORTANT: If hem | 1 | 22d. PHYSICIAN SWAME (TY | PE OR PRINT | , // | The ADDRESS | DIRECTOR PHYSICIAN | D 11.110 | / |
| TO HOSP retained TO FUNE should be with the SIMPORTA | 230 | BURIAL, CREMATION, REMOV | | | EMETERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| BP | 24 1 | BULIAL UNERAL DIRECTOR OLD A R. | 1/17/1979 | | banon Cemete | ry Hyattsvill TE REC'D. BY REGISTRAR 25b. | Le, Maryland REGISTRAR'S SIGNATURE | 1 |
| DHMH - 16 60M 1/75 (VR A 15 (4)) | 2 | UNERAL DIRECTO Donal NAME 32 Carroll Str | a m. Siech H eet. N. W. | washington | D. C. JA | 1070 | | 7 |

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| | | FOR | DED A DT | MENT OF HEALTH AND MENTAL HY | CHENE | |
|-------------------------|----------------|---|---|--|--|---|
| | | STATE REGISTRAR | | CERTIFICATE OF DEATH | reg. No 7 9 | -02168 |
| | 1. DE (TYPE | OR PRINT) MARY | MIDDLE | SCOTT | 2a. DATE OF DEATH MONTH | DAY YEAR 26. HOUR 1245 |
| | 3. SE | ENALE | BLACK | S DATE OF BIRTH MONTH DAY YEAR 3 | 6. AGE (IN YEARS LAST BIRTHDAY) VRS. | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 0 450ce | | RTHPLACE ISTATE OR FOREIGN DUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COUNTY | Y OF DEATH MEN MO |
| D Copilied | 10 C | KOMA PARK | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE | NG HOME OR OTHER INSTITUTION LADGRESS) # 409 | 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR INDUSTRY |
| er must be no | USU. 13a S | AL RESIDENCE (IF NURSING HOME OF TATE 13b, COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY 13c. CITY OR TOV | RE ADMISSION) 13d. INSIDE CITY LIMITS? YES VE NO | 13e. STREET ADDRESS 7620 MAPLE | ALIT469 |
| Komine | 14 FA | THER'S NAME FIRST | AIDDLE FIELS | 15. MOTHER'S MAIDEN NA FIRST FRST FRST | AME MIDDLE | INSON |
| medico | | AS DECEASED EVER IN U.S. AR es, no or unknown) (IF yes, Givi | MED FORCES? 166 SOCIAL SEC WAR OR DATES) | URITY NO. 17. INFORMANT 2-9919 VILVAN S | cott-ALEN 3 | SAME AS ALAWE |
| еmovol. event, the | | PART I. DEATH WAS CAUSE | ly one couse per line for (a), (b), a D BY: E CAUSE (a) | curona, lu | ng | BETWEEN ONSET AND DEATH 6 MO. |
| Umotic. | | 1629 Conditions, if ony, which | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| other trou | | gove rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| ony injury, or o | NO | PART 2 OTHER SIGNIFICANT OF | onditions contributing to | DEATH BUT NOT RELATED TO THE TERM | minal disease or condition G | IVEN IN PART 1101 |
| ows ony | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | PERATION WAS PERFORMED | INCERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \) |
| or Item 18 shows | | 2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | TH HOUR A.M. MONTH (| 21c. HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) |
| edor | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 21f. LOCATION | CITY OR TOWN | COUNTY STATE |
| 21 is mork | | 220.1 certify that (I) (this hours saw the deceased alive on above, (I) (1.20 (did) (5.50) | attended the deceased from | 79 ond that in (m) (opinion | to | , 19 79, that (1) last our and from the couses stated |
| rte Dept. I. If Item | | 22b SIGNATURE Learge | In Sevas | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| MPORTANT | | 22d. PHYSICIAN'S NAME (TYPE O | FI SENES | ALK 9241 Col | UMBIA BLUL | , 5.5. Md |
| <u>×</u> | 23a. l | URIAL, CREMATION, REMOVAL BRECIEV) BURIAL | 23b. DATE 23c. 1-13-79 1 | NAME OF CEMETERY OR CREMATORY | 133d. LOCATION CITY OF TOWN | AUNTY STATE STATE |
| 7/77 | 24. F | HERAL DIRECTOR SON | ouiden 2466s | K. WASh. ST. 250. DA | TE REC'D. BY REGISTRAR 236. KEGI | STRAR'S SIGNATURE |

| X | | 1- | FOR STATE | 10-228 1 | | DEPARTMENT O | F HEALTH | AND ME | ENTAL HY | | -02 | 160 | 1 | | |
|-----------------------|---|---------------|--|---|-------------------------|---|------------------|----------------|------------------|----------------------------------|---------------------|-----------------------|------------------|-------------------|--|
| | S.S. 7. | 1. DE | REGISTRAR CEASED NAM (OR PRINT) | | ETER T | MIDDLE SAGE | SEBAS | LAST | LATEOF | 20. DATE OF DEATH | ESTI- | MONTH | DAY YEAR 1819 79 | 2b. HOUR | |
| | SSARY, PLEASE RAI DIRECTOR. R YOUR FILES. HIN 72 HOURS ESTON STREET, | 3. SEX | le | 4 RACE White | 5. DATE OF BIRTH | 1955 25 | YEARS IF UT | | IF UNDER 24 | HRS. 2c. DATE PRONOUN DEAD | | 1 | 23 19 79 | 2d. HOUR 9:45A | |
| • | S FOR | FO | RTHPLACE (S REIGN COUNTRY) I EW Y O | rk | U.S. | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. B. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT WIDOWED DIVORCED Montgomery Cou | | | | | | Coun | mty MD. | | |
| | DELAY IS I TO THE N PAGE 8E FILED DS, 39 N | Chevy Chase | | | (IF NOT IN SUCH F. 5304 | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5304 Sherill Avenue OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | | | | | WORK 12 | OR INDUSTRY Education | | | |
| 21201 | 2, AND 3 TO 3. RETAIN SHOULD BE IL RECORDS | 130. S | ATE | d Montg | TY | ery Chase 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. | | | | | | 1 Av | . Avenue | | |
| ORE, MD. | GES 1, RM PM AND 2 OF VITA | | Pete | | MIDDLE AED FORCES? | Sebastia | | H a | R'S MAIDEN I | MAME | | | ston OF S | TATE | |
| BALTIMOR | URS AFTER B. GIVE PA WITH FOI PAGES 1 DIVISION | (YE | 5, NO, OR UNKNO | (IF YES, GIVE V | WAR OR DATES) | | 8368 | Pete | er Seb | astian | Wash | ingt | on DC | E INTERVAL | |
| TON ST., | V 24 HO ITEM 18 ALONG PERMIT 'GENE, L. | | 204 | ATH WAS CAUSED | BY: E CAUSE (o) | cute cocai | | toxica | tion | | | | BETWEEN ONSE | I AND DEATH | |
| W. PRESTON ST | MINER MINER TRANS | | gove ri couse (o | ns, if ony, which se to immediate stoting the <u>under-</u> | (b) | R AS A CONSEQUENC | E OF | 201 | | | | | | | |
| 105, 301 | | | lying cas | | (c) | BUT NOT RELATED TO THE T | ERMINAL DISEAS | E OR CONDITION | GIVEN IN PART I | (a). | | | | | |
| OF VITAL RECORDS, 301 | SHOULD BE EXECTED TO THE WEDICAL CHIEF MEDICAL CALED AS A BUT OF HEALTH AND ALL CREMATION, | CERTIFICATION | 19s. DATE OF | OPERATION | 19b. COND | ITION FOR WHICH OF | ERATION W | 'AS PERFOR/ | MED? | | | | 20. AUTOPSY | | |
| N OF VIT | ATE S THE LD BE RENT BURI | | UNDERLYING | AL CAUSE WAS OR NG CAUSE OF D | | M. MONTH DAY YE | AR 21c. H | OW INJURY | OCCURRED (| ENTER NATURE OF INJU | JRY IN ITEM 18 PART | 1 OR PART 2 | YES X | NO 🗌 | |
| DIVISION | ER: THIS CERTIFIC. ATE, WRITING THE FORWARDED TO NR: PAGE 3 SHOU HE STATE DEPARTA 5, 21201 PRIOR TO | MEDICAL | 21d INITIRY | | 21e PLACE | A. 19 OF INJURY (AT HOME, | | CATION | | CITY OR TOW | /N | COUNT | TY | STATE | |
| | MINER: THIS IFICATE, WRITE BE FORWARD CTOR: PAGE HATE STATE (AND, 21201 F | | | fy that I taak charg | e of the remoins de | scribed obove, held ar | Autop Suicide | sy X, | Inspection [| , Inquiry | | n my opini | ion | | |
| • | NIR WIT | | ACTUAL SIGNATURE. | Howis | = Arey | hull | | TITLE (SI | PECIFY) | _MEDICAL EXAM | | DATE SIGNED. | 1/24 | /79 | |
| | TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, MA | | EXAMINER'S (TYPE OR PRI | NT)NT | | A. Korell, | M.D. | ADDRESS_ | 111 P | enn St. | | o.,M | D. | | |
| 56 | Bb | Cr | JRIAL, CREMA PECIFY) EMati JNERAL DIREC | 712 | 36. DATE 1/27/79 | 23c. NAME OF C | | an C | | | xandri | | | | |
| | DHMH - 17 (VR A15 ME (5)) 30M 7/73 | 24. PL | MOMES | P.A. | BETHESE | XMARYLA | N D. LEI | CAL | 230. LUN UC MELL | DIDT KCEREK | 230. 12010)1 | ARTINO | NAMES | 7 | |

State of Frank

FOR

BP DHMH-16 50M7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02170

| | | REGISTRAR | | CE | RTIFICATE OF DEATH | REG. NO. | 02111 | | |
|---|-----------------------|--|--|---|--|--|--|--|--------------|
| | | CEASED NAME FIRST ANN I | 4 | 0 | egal | 1 | an. 1 | YEAR 26. HOUR 1919 9:25 | |
| A | 3. SE | X | 4 RACE | | ATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHD. | AY) IF UNDER | RIYEAR (FUNDER 2 | 24 HI |
| | | emale | Caucasla | n Ma | y 25, 1885 YEAR | 93 | YRS | | ,,,,, |
| A CO | C | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? 8 | ARRIED NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DE | ATH | |
| 0 | | ithúania | USA | WI | DOWED DIVORCED | Montgov | | | |
| 90 | 10.0 | Pockville | | ILITY, GIVE STREET ADDRE | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEW! fe | | KIND OF BUSINES USTRY | SS |
| 35 J | USU. 13a. S Ma | AL RESIDENCE (IF NURSING HO. STATE 13b C | OUNTY 13c. | RESIDENCE BEFORE AOMI CITY OR TOWN ethesda | 13d INSIDE CITY LIMITS? YES NO 🔯 | 130. STREET ADDRESS 5225 Pooks H | IIII Rd. | | |
| nine | 14. FA | ATHER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN NA | ME MIDDLE | | LAST | |
| 150 | Eu | gene Morton [| | LMOT | | Deutsch | | (ASI | |
| 00 | | WAS DECEASED EVER IN U.S | ARMED FORCES? 16b. | SOCIAL SECURITY | NO. 17 INFORMANT | ADDRESS | | Md. | |
| e / | | No - | | 3-38-5978 | Isadore G. Al | k, 5225 Pook | s HIII F | Rd. Bethe | es |
| The | | 18 CAUSE OF DEATH (Ent | er anly one cause per line | or (a), (b), and (c).) | | | | APPROXIMATE INTERV | |
| motic | 7 | 486 - Conditions, if any, which | | A CONSEQUENCE | OF | | | | |
| yory, or orner trou | NO | gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA | DUE TO, OR AS | | BUT NOT RELATED TO THE TERM | inal disease or condit | ION GIVEN IN P | PART 1(0) | |
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| MOKIANI: II Item 21 Is marked or Item 10 spows any injury, or other front | WEDICAL | gove rise to immediate couse (a), stating the underlying couse lost part of the underlying couse lost part 2. OTHER SIGNIFICA CHRUM, 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK 22a. I certify that (I) This is saw the deceased ally above. (I) (We) (I) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (III) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) This is saw the deceased ally above. (II) (We) (II) (II) (II) (II) (II) (II) (II) (I | DUE TO, OR AS (c) INT CONDITIONS CONTR (B) TWEFF 196 CONDITION G | JURY ACTORY, OFFICE, FARM, E death. 23(, NAME 979 An She | HEUT NOT RELATED TO THE TERM 1 JUMPY OS. RATION WAS PERFORMED 216. HOW INJURY OCCURI 19 10. 21f LOCATION STREET 10. 19 10. 19 11. 19 12. 19 12. 19 13. 19 14. 19 15. 22 19 16. 19 17 18 18 19 19 10 10 10 10 10 10 10 10 | ZED (ENTER NATURE OF INJURY III CITY OR TOWN TO TAW deoth accurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA MASH RD, ROCATION 123d. LOCATION | COUNTY | FINDINGS USED AUSES OF DEATH NO PART 2) PART 2) NIV STA Mon the couses stat C. DATE SIGNED M. 2053 STAT | H? |



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

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| - STATE | |
| REGIS | KMK |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02171

| | REGISTRAK | | | | 4011.11 | | | RE | G. NO. | | | |
|---------------|--|---|----------------------------|------------------------------------|---------------------|--|-------------|--|-----------------|--------------------|--------------|-----------|
| | CEASED NAME | FIRST | | MIDDLE | DEC BY T | AST | 0 | 20. DATE OF DEAT | TH MONTH | DAY YEA | R 2b. HC | UR |
| (177) | E OR PRINT) | Dale | Rol | bert | Se: | lde11 | | January | 08, | 1979 | 2: | 55 A |
| 3 SE | X | | 4 RACE | | 5. DATE | | | 6. AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDER 1 Y | | FR 24 HRS |
| | Male | 3.07 | White | | A1101 | | 958 | | 20 YR | | AYS HOURS | MIN |
| 7a. B | IRTHPLACE (STATE OF | FOREIGN | 76 CITIZEN OF | WHAT COUN | 12010 | | | 9 BALTIMORE CI | | | Н | 1 |
| | OUNTRY) | ALC: NO | | | MARRIE | D NEVER MAR | | | | | | |
| 10.0 | Mich ITY OR TOWN OF D | | | S.A. | WIDOW | DIVOR | | MOT 12a USUAL OCCU | rtgomer | | ID OF BUSI | ME |
| 100 | | | (IF NOT IN SUCI | H FACILITY, GIVE | STREET ADDRESS) | Beth | | (TYPE OF WORK FOR M | OST OF WORKING | GLIFE) INDUS | TRY | |
| | Bethe | | | | Center, | NIH M | d | Stud | ent | Co | llege |) |
| 130 | AL RESIDENCE (IF NL | 136 COUN | OTHER INSTITUTION. | 13c. CITY OF | | 113d. INSIDE CITY | LIMITS? | 13e STREET ADDR | ESS | | | |
| Mi | chigan | Lap | eer | Imlay | City | | | 210 West | on Str | eet | | |
| 34 F. | ATHER'S NAME | | MIDDLE | | | 15 MOTHER'S MA | | | | 163LA | | |
| 4 | Robert | | A . | Seid | ell | Elsi | e | MIDE |)LE | Ster | ner | |
| 160. | WAS DECEASED EVE | | | | L SECURITY NO. | | | City, Mi | DDRESS OF | | | |
| | YES NO OR UNKNOWN) | (IF YES, GIVE | E WAR OR DATES) | 369-6 | 6-6334 | | | | _ | | | |
| | /10 | | | | | Mr. Robe | IL A. | Serderr, | ZIU W | | PROXIMATE IN | |
| | PART I. DEATH | WAS CAUSE | nly one couse per D BY: | line for (o), (| | 4 A | | | | BELW | EEN ONSET AN | DEATH |
| | | IMMEDIA1 | TE CAUSE (0) | | Kesp. | ratory A | Liest | | | | | |
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| | gave rise to in | nmediate | S DUE TO O | DAS A CON | SEQUENCE OF | | | 44-11-11-11-11-11-11-11-11-11-11-11-11-1 | | 13 1 | 22.759 | - 1 |
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| | DART 2 OTHER SM | CALIFIC ANT (| CONDITIONS CO | NITRIRITINI | G TO DEATH BUT | NOT RELATED TO | THE TEDANIN | NAI DISEASE OR | CONDITION | CIVEN IN PAR | I lio | |
| Z | TAKI 2. OTTEK SK | JIVIII ICAIVI | 201401110143 | 514111001114 | O TO DEATH BO | NOT KEERIED TO | THE TERM | VAL DISEASE ON | 20140111014 | OIVEIV IIV A | | |
| CERTIFICATION | 190 DATE OF OPER | ATION | 19b. CONDI | 196. CONDITION FOR WHICH OPERATION | | | D | 20a AUTOPSY? | | YES, WERE FIN | | |
| 문 | | | S FASS | | | | | YES T NO | TN CER | RTIFYING CAU | | |
| 1 2 | 21g. ACCIDENT WAS U | NDERLYING F | 216. TIME O | E IN II IRY | | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) | | | | | NO | |
| - | OR CONTRIBUTING | | | M. MONTI | H DAY YEAR | THE HOW HASOK | 1 OCCORRE | D TENTER NATURE OF | - INJURY IN HEM | ID, FARI I OR FARI | 2) | |
| EDICAL | (IF EITHER, NOTIFY MED | | | | 19 | | | | | | | |
| B | 21d INJURY OCCU | | 21e. PLACE (| | OFFICE, FARM, ETC.) | 21f. LOCATION STREET | | CITY | ORTOWN | COUNTY | | STATE |
| ~ | AT WORK AT Y | WHILE VORK | | | | | | | FELLPE | | | |
| | 270. I certify that it (this hospital) attended the deceased from January 03 19 79 to January 08 19 79 that X (we) lost | | | | | | | | | | | |
| | sow the deceased alive an January 08 19 79, and that in (nx) (our) apinion death accurred on the date and hour and from the causes stated above. X (we) (did) (XXXview the bady after death. | | | | | | | | | | | |
| 1 | 22b. SIGNATURE | / | view the body | after death. | | DEGREE | | | | | ATE SIGNE | |
| | | 11,11. | HX/ | 111 | 110 | ATTE | NDING _ | MEDICAL DIRECTOR PH | STAFF | / 1 | 181: | 79 |
| 1 | 22d. PHYSICIANTS | July | Crow | 4 1 | 12 | | | | | | 101 | |
| | | V | | | | THE ADDRESS | of Hea | alth, Bet | hesda, | Md. | 20014 | |
| | 30 | LIE BI | ATT MD | | | The Cli | nical | Center, | Nation | al Ins | titut | es |
| | BURIAL, CREMATION | N, REMOVAL | 23b. DATE | | 23c. NAME OF | EMETERY OR CRE | | 23d. LOCATION | Chita | | | STATE |
| | Buria | a1 | 1/1 | 1/79 | Imlav | Cemeter | v | Imlay | / - | peer | | ch |
| 24. F | UNERAL DIRECTOR | | / | | | 30110 | | REC'D. BY REGIST | | | | - MI |
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| Tal | NAME Cha | nhone | 0. 0 | GPF C | | Sil Snr | 100 | 1 11 19/9 | | fry for | | 1 |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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| of Teacon North | Thuring 1 / 11/70 Tabay Tomoreson |

REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Barbara J. SENIO January 8 1979 1115A M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR Female Caucasian July 1932 To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Massachusetts USA Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY National Naval Amedical Center Bethesda DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Fairfax Annanda le 5010 Ganeion Court Virginia 1134 INSIDE CITY LIMITS? YESX 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE Gureckis Tukis Joseph Barbara 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Ť I (IF YES, GIVE WAR OR DATES) Walter P. Senio See Item 13 18 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Metastatic Breast CA IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION prior ony 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe Mentol Hygiene YES [NO [210. ACCIDENT WAS UNDERLYING 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE WHILE AT WORK 220 1 certify that (I) (this haspital) attended the deceased from ...aniiary 10 January 8 January 8 , and that in (my (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on January 8 above, (I) we) (did) (dub to) view the bady after death If Item 22b. SIGNATURE DEGREE 22c. DATE SIGNED marina n. Vernalis L+mcusNR ATTENDING MEDICAL STAFF should be detained with the State D Jan. 8 1979 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Marina N. Vernalis, M. D. National Navai Medicai Center, Bethesda. Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Arlington National Arlington Arlington Was

Annandale, Va.

- STATE

24. FUNERAL DIRECTOR

Demaine Funeral Home

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

250 DATE REO'DI BY REO'ISTRAR 256 REGISTRAR'S SIGNATURE

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| Arlington Arlington Va. | | A.r.l | endl imen | Sorie! Decaina Fu |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 7h HOUR (TYPE OR PRINT) 3. SEX & AGE (IN YEARS LAST BIRTHDAY) YEAR 3/ To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CCOPATION

12b. KIND OF BUSINESS OF FOR MOST OF WORKING LIFE)

RECEPTION IST Office University Nursing Home Silver Spr. MARYLAND 21201 OR TOWN 8612 AZRA. Avenue. Montgomery Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alfred MIDDLE MIDDLE Mil'lin ETlen Naylor ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR HINKNOWN) (IF YES CIVE WAS OR DATES) 110-34-9830 Richard A. Seymour-husband-(same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [18 sho ntal Hygin 21n ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS should b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial .16 - 79Spring Montgomery Mo 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 witnes Mc Cready (VR A 15 (4))

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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

| STATE OF MARYLAND | | | | | | | | |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIEN | I | | | | | | | |
| CEDITIFICATE OF DEATH | | | | | | | | |

79-02174

| 1. | REGISTRAR | | | | CERTIF | ICATE OF D | EATH | REG. N | 0 2 . | | |
|-----------|-----------------------------------|---|--|---------------------------|-------------|--|-----------------------|--|--------------------|-----------------|----------------------------------|
| | DECEASED NAME | FIRST | - | MIDDLE | L. L | AST | | | MONTH DA | AY YEAR | 2b. HOUR |
| (TY | YPE OR PRINT) | John | B. | | Sh | epher | d | Janua | val 11 | 1979 | 809 M |
| 3. 5 | SEX | | 4 RACE | | 5. DATE C | | I. I. I. I. | 6. AGE (IN YEARS LAST BIRT | THEAT | FUNDER) YEAR | IF UNDER 24 HRS |
| | MAle | 716 | White | | MONTH | 19 | YEAR 1.3 | 65 | YRS. | ONTHS DAYS | HOURS MIN |
| 70. | BIRTHPLACE (STATE | OR FOREIGN | | WHAT COUNTRY? | 8 MARRIE | NEVER A | | 9. BALTIMORE CITY O | | OF DEATH | |
| | CITY OR TOWN OF | | U.S. | A HOSPITAL, NURSIN | WIDOWE | The second secon | ORCED | Montg. | 211 | Towns | MD, |
| | l'akoma P | | | rgtone stre | | | ITUTION | 120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO | F WORKING LIFE) | INDUSTRY | Plastics |
| US 13a | UAL RESIDENCE (IF | NURSING HOME OR | OTHER INSTITUTION, | GIVE RESIDENCE BEFORE | | 13d. INSIDE CI | TY LIMITS? | 13e. STREET ADDRESS | BIGHT, | ne ou | FIASLIE |
| | laryland | Mont | g | Takoma 1 | Park | YES | NO 🗌 | 7705 Take | oma As | 70. | |
| | FATHER'S NAME Thomass S | nepher | d. | LAST | | | haiden nan | Blackburn. | | LAS | 57 |
| 160 | WAS DECEASED E | VER IN U.S. AR | | 166 SOCIAL SECU | RITY NO. | 17. INFORMA | | ADDRE | SS | 9 944 | |
| L | (ABVAR OK NUKNOM | (IF YES, GIVE | WAR OR DATES) | 577-07-4 | 577 | Ruth | R. She | epherd. (| Wife |) 13 | е |
| Г | 18 CAUSE OF D | EATH (Enter on H WAS CAUSE | ly one cause per D BY: | line for (a), (b), and | l (c) | 1 | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | IMMEDIATE CAUSE (0). Cas hae snew | | | | | | | | 1 | y mi | |
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| FICATION | 19a DATE OF OP | RATION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | | WERE FINDIN | |
| CERTIF | 10000 | | | | - 100 | | | YES NO | YES | | ио 🗆 |
| -4 | OR CONTRIBUTING | CAUSE OF DEA | | M. MONTH DA | | 21c. HOW IN. | JURY OCCURR | ED (ENTER NATURE OF INJUI | LY IN ITEM 18, PAR | (T 1 OR PART 2) | |
| EDICAL | (IF EITHER, NOTIFY A | | P., 21e. PLACE | | 19 | 21f. LOCATIO | N | | | | |
| M | WHILE ON | T WHILE | (AT HOME, STE | REET, FACTORY, OFFICE, FA | ARM, ETC.) | STREET | | CITY OR TOV | N | COUNTY | STATE |
| | | | toll attended the | e deceosed from | 11/ |) | 19.78 | to tan | 1/ 1 | 979 | that (I) (we) lost |
| | | | y cons | | 9,01 | nd that in (my) | (our) apinion d | death occurred an the de | ote and hour | / | |
| | 22b. SIGNATURE | | If yiew the bady | offer death. | | DEGREE | | | | 22c. DAJE | SIGNED |
| | Days | Visas | Chas | non! | m | A A | TTENDING THYSICIAN TI | MEDICAL STAI | IAN 🗆 | 11/1 | 1/19 |
| 1 | 220. PHYSICIAN | NAME (TYPE OF | And the second s | | | 22e ADDRES | | | | | |
| 230 | BURIAL, CREMATIC | ON, REMOVAL | 23b. DATE | 2347 | AME OF C | EMETERY OR C | REMATORY | 234 LOCATION CITY OR TOWN | | LOUNTY / | STATE / |
| | Bure | el | Jan 15 | .1979 8 | ate a | Heave | 1 amde | in selver 26 | ring 1 | mint | mil |
| 24 | FUNERAL DIRECTO | R | / \ | 254 ADDRESS RI | Roll & | t. N.W. | 250. DATE | RIC'D. BY REGISTRAIR | 25b. REGISTR | AR'S SHOWL | Ustody |
| 1 | A KOHQ. F.H. | W.A.W. | uters) | Washing | On 1 |). C. 2001 | 2 2 | 10 10/0 | | | 8 |

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Christopher 2:25 Brian Shuma January 22, 1979 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS MONTHS DAYS Male White January 22. 1979 lHr. To. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Montgomery WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION P. 12b. KIND OF BUSINESS OR HOLY Cross Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE None Silver Spring DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Montgomery 13. 18401 Lost Knife Circle filled buld b Gaithersburg 13d. INSIDE CITY LIMITS? Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Brenda LAST David E. Shuma Hageman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as 13e) None David E. Shuma APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? burial-transit per Mental Hygiene NOT YES F NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC! 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased from , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated FUNERAL DIRECT OID by the State Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT. 17d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 50 West Edmonston Dr. Rockville, Maryland Frank Mate Jr. M.D. Shoul with 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE 1/26/79 Parklawn Mem. Park Rockville, Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Tyson Wheeler Funeral Home, "Kockville, Md. (VRA 15 (4))

STATE OF MARYLAND

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| V 30 1913 hopen house | | | | |

NAME: William August Silverwood

DATE OF DEATH: January 1, 1979

PLACE OF DEATH: Montgomery County

SEE: #79-04807

February, 1979 Montgomery County WATER TO FEEL

STATE OF MARYLAND

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| · < | | 1. | FOR STATE REGISTRAR | DEP | ARTMENT OF H | OF MARYLAND EALTH AND MENTAL HYGO CATE OF DEATH | IENE 79-02 | 177 | |
|---|---------------------------------|---------------|--|--|----------------|---|--|--|---|
| eoth so | | | CEASED NAME FIRST OR PRINT) Albert | F. | Siny | ard | January 3, | | 8: 10PM |
| Poge 4 moting | | 3. SE. | MALE | WHITE | S. DATE O | F BIRTH 17, 1906 | 6. AGE (IN YEARS LAST BIRTI | MONTHS OAYS | |
| deoth. Pour nerol din 72 hou | atouce. | Ç | WASH., D. C. | U.S.A. | WIDOWE | | Montgomer | | MD. |
| _ { = = = = = = = = = = = = = = = = = = | Softiffed | | Olney | 1. NAME OF HOSPITAL, NI UF NOT IN SUCH FACILITY, GIVE Montgomery | eneral I | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WASHINGT) | F WORKING LIFE) INDUSTRY | |
| LAND 21201 7 · Rey hin 24 hours by filled in by should be file | 35 | 13a. S | MARYLAND MONTG | OMERY STLVE | SPRING | YES NO | | SSETT LANE | |
| MARY med with | 150 Samin | | | H. SINYÂ | | MARGARET | VIRGII | | LEY |
| F & 9 54 | the medico | 160. V | VAS DECEASED EVER IN U.S. ARM (ES, NO ORUNKNOWN) (IF YES, GIVE V | 1110 OO D 13551 | 37-7956 | LAURA E. SI | | ME AS 13 | WIFE |
| tres the | jury, or other traumotic event, | NO | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO | DUE TO, OR AS A CONS | SEQUENCE OF | | in Lesiane | | 1(0) |
| 2 3 8 9 9 | ows only in | CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR W | HICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [| DINGS USED ES OF DEATH? |
| A OF VI | tem 18 sho | CAL | 7]a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | P.M. | H DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | LY IN ITEM 18, PART 1 OR PART 2) | |
| DIVISION DIVISION ING PHY r offends After this as the bu ith ond M | morked or | MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O | | 211 LOCATION STREET | CITY OR TOV | | STATE |
| OR ATTENIOR hospital DIRECTOR: | If Item 21 is mo | | 220.1 certify that (I) (this haspite sow the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE | | .19, on | d that in (my) (our) opinion of | MEDICAL STAI | pte and hour and from the | -, that (I) (we) lost he couses stated TOSIGNED |
| TO FUNERAL Should be detained by the TO FUNERAL should be detained by the the Stote | MPORTANT. | | HO PHYSICIAN NAME (TYPE OR) | PRINT) 1. WILNER | 4 | PHYSICIAN R 220. ADDRESS Montgony | ^ | repital | |
| 700BP | ≤ | 23a. | BURIAL, CREMATION, RÉMOVAL SPECIFY) BURIAL | 1/6/79 | FT. LING | METERY OR CREMATORY | BRENTWO | | |
| DHMH - 16 50M 7/7 (VR A 15 (4)) | 7 | 24. F | UNERAL DIRECTOR FRANC | IS J. COLLING | -33 | LIAH | 1 0 1979 | 25b. RESET AR'S SYN | brindy |

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STATE OF MARYLAND 79-02178 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH 2h HOUR YEAR (TYPE OR PRINT) FRANCES M. IF UNDER I YEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX S. DATE OF BIRTH YEAR DAYS FEMALE White April 2. 1897 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED New York City Montaomeru WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY Bethesda Democracy Blvd. Acct. Supervisor Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13e STREET ADDRESS Maryland Montgomery Bethesda 7425 Democracy Blvd., Apt. 105 YESXX 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST FIRST MIDDLE MIDDLE Louis Hersch Sarah Turner ADDRESS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO Mrs. Shirley Sorber (Same as # 082-14-7590 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA WITH METASTASES SEVERAL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION SETSE prior AUD 20b. IF YES, WERE FINDINGS USED 9a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Item 18 shows NO [Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF IDJUNKY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION Te PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACLORY, OFFICE, FARM, ETC.) marked TOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nor view the body ofter 22cl DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL 4.14 DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME CAPP OR PRINT 22e. ADDRESS 1106 SPHING ST should be with the SAMING 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL COUNTY (SPECIFY) BURIAL FALLS CHURCH. VIRGINIA KING DAVID MEM GARDEM SURAR PSB. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 MAMED.M. STEIN HEBREW MEMORIAL FUNERAL HOME (VR A 15 (4)) 232 CARROLL STREET N.W. WASHINGTON

STATE OF MARYLAND

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Alexander S. Pope Cumeral Morre, Machineton.

5130 WISG. AVE., N. W. WASH, D. C. 20016

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

79-02180

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| w you | 1 | STATE REGISTRAR FINE NCE | | CERTIFICATE OF DEATH | 7 9 - | 02181 | |
| | (TYP | CEASED NAME FIRST OR PRINT) | WIDOLE | Smith | | 9 DAY YEAR 26 HOUR | -M |
| 3 | 3. SE | emale | WhitE | S. DATE OF BIRTH MONTH 27, 1897 | 6. AGE (IN YEARS LAST BIRTH | DAY) IF UNDER I YEAR IF UNDER 74 H MONTHS DAYS HOURS MIL YRS. | IRS |
| un 72 hou | 76 B | RTHPLACE (SLATE OR FOREIGN OUNTRY) TENTERED | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED NOWED DIVORCED | 9. BALTIMORE CITY OR | Mery County | MD. |
| De lifted | 10 | e thesda | 11. NAME OF HOSPITAL, NURSIN | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | |
| rilled in rould be | 130 | STATE 136 COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 131. CITY OR TOW BELLET | ADMISSION) N 13d. INSIDE CITY LIMITS? YES | 130 STREET ADDRESS | land Street | 5 |
| ond 2 sh | 14. F | THER'S NAME FIRST SACOB GIA | ADDLE H BASIEY | 15. MOTHER'S MAIDEN NA | MARY | Scarborough | |
| Poges I | 160. \ | VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 166 SOCIAL SECU WAR OR DATES) 216-20-27 | RITY NO. 17 INFORMANCOUSTA | I-452-5372DRES | S 138 CLERMONT MILL RIPENT SIESVILLE, Md. 21132 | IYE |
| physicio anpapers emovol. | | | ly one couse per line for (o), (b), one D BY: | | rter | APPROXIMATE INTERVAL BETWEEN OFFET AND DEAT | TH. |
| ion, or re | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUE | MEST Crate Ve | M Disea | | |
| ase removi | | gove rise to immediate cause (0), stating the underlying couse lost | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| to burio injury, or | NO O | PART 2. OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO E | BATY BUT NOT RELATED TO THE TERM | AINAL DISEASE OR COND | ITION GIVEN IN PART 1(0) | |
| ene prior | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | |
| Secriticate buriol-transif Mental Hygin them 18 shund the sh | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | Y YEAR | RED (ENTER NATURE OF INJURA | IN ITEM 18, PART 1 OR PART 2) | |
| s the bur ond Me | MEDICAL | 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | 211. LOCATION | CITY OR JOWN | COUNTY STATE | |
| TOR: Aftor or use or use of Health | | 22a. I certify that (I) (this hospit sow the deceased alive on above, (I) (verified) (did not | of ottended the deceased from | 9, and that in (my) (our opinion | death occurred on the dat | e and hour and from the causes stated | |
| L DIRECTORPED FOR DEPT. of Frem 2: | | 22b. SIGNATURE | view the body offer death | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | | 9 |
| TO FUNERAL should be deto with the State IMPORTANT: | | 22d. PHYSICIAN'S NAME (TYPE OF | PRINT) /1/1 | Refuncted | Beth | John zah ar 3 | 1 |
| | | BURIAL, CREMATION, REMOVAL | | TAME OF CEMETERY OR CREMATORY | CITY OR TOWN | reford Co, Maryland 2103 | J. |
| P - 16 50M7/77 R A 15 (4)) | | UNERAL DIRECTOR | ter W. Broadway | | | Sh. REGISTRAR'S SIGNATURE | |

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FOR

- STATE

(VRA 15(4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02182

26 HOUR

HOURS.

40

IF UNDER 24 HRS

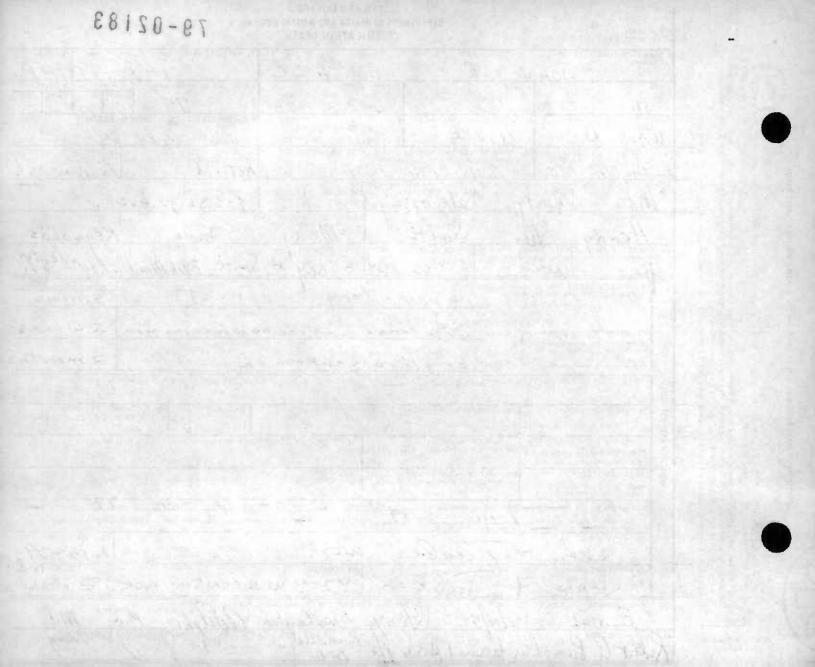
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79-02182 thindesees Shirts at the 1979 1921 To Was anienous; of a 1921 teryload 1.8.5 barfyral 910000 1 10F Posture arises of the appeal Wat to ome) is 1 2 . 1 cienni 1201 - 27 - 27 1 cin (Samo ve 150) Ventraular For Matien +3 min Dehydration, metapolic acidosis + 2 wike Metastatic Estadder Carcinomia 112 mo. Arteriosclarote breast disease, Emphysima PILLED IN 2 THE THE James R. Mizere de 201 Brookes Aur Gailhersburg, md. 1-1-" | Cate of Hedwar Con. Silver Spring Acces, F.A., Settlessin, W.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical

may be

requires that the death certificate be executed within 24 haurs after

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

retained by the haspital ar attending physician.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02184

| | REGISTRAR | | CERTIFICATE OF | PENIII | REG. NO. | 0 | |
|---------------|---|--|----------------------|-------------------|--|--------------------|----------------------|
| | ECEASED NAME FIRST | MIDDLE | LAST | | 20. DATE OF DEATH MONTH | DAY YEAR | 26. HOUR |
| | Minnie | | Smith | | 01 | 06 79 | 4:45pm |
| 3. SI | Female | Black | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAY | |
| 7a F | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 01 18 | 1897 | 9 BALTIMORE CITY OR CO | YRS. | |
| | md. | U.S.A. | MARRIED NEVER | IVORCED | Montgome: | | MD. |
| 10 0 | TITY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | | NOITUTITE | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | (ING LIFE) INDUSTR | OF BUSINESS OR |
| | Olney | Montgomery Ge | | pital | Domestic | Ho | |
| 13a. | STATE Md. 186 COUNTY | | VN 134. INSIDE | NO 🔀 | 13e. STREET ADDRESS 2320 Rt. 9 | 7 | |
| 14. F | ATHER'S NAME FIRST OHN | MIDDLE DORSEY | 15 MOTHER | S MAIDEN NAM | MIDDLE | Smith | AST |
| 160 | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL FECL | JRITY NO. 17 INFORM. | | ADDRESS | - 1 | 44 / |
| \vdash | INO | 1414/2 | 1333 NORT | nan In | nith Westin | Inster | I'IC |
| | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly one couse per line for to), (b), on DBY: | ndicil | x | | BETWEE | NONSET AND DEATH |
| | IMMEDIA" | TE CAUSE (0) | MC HEALINT | 1 | | | 16 HINDTES |
| | Condition if any list | DUE TO, OR AS A CONSEOU | ENCE OF | A ROTIC | A.I | 12 | 127178 |
| | Conditions, if any, which gave rise to immediate cause (a), stating the | 10) | THE HILL | HOLLE | <u>[1]</u> | | 101111 |
| | underlying couse last. | DUE TO, OR AS A CONSEOU | ENCEOFHOD | | | | |
| 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATE | TO THE TERMI | NAL DISEASE OR CONDITION | N GIVEN IN PART | 1(a) |
| DE | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH | OBERATION WAS DERE | 201150 | 20g AUTOPSY? 20b. | IF YES, WERE FIND | 1000000 |
| CERTIFICATION | 198. DATE OF OPERATION | 1198. CONDITION FOR WHICH | OPERATION WAS PERF | JKMED | , IN C | ERTIFYING CAUSE | ES OF DEATH? |
| E | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW II | NJURY OCCURR | YES NO NO ED (ENTER NATURE OF INJURY IN ITE | | |
| | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | | | |
| MEDICAL | 214 INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.) | 21f. LOCATI | ON | CITY OR TOWN | COUNTY | STATE |
| 2 | AT WORK AT WORK | (AT HOME, STREET, FACTORY, OFFICE, I | FARM, ETC.) | |) | COONT | STATE |
| | | tal) attended the deceased from | 12 27 | , 19 | _, to | . 19] | , that (I) (we) last |
| | | t view the opay ofter death. | |) (our) opinion d | leath accurred on the date and | d hour and from th | e couses stated |
| | 22b. SIGNATURE | 1/s/m | DEGREE | ATTENDING . | MEDICAL STAFF | 22c. DAT | TE SIGNED |
| | 224 PHYSICIAN'S NAME (TYPE O | | | PHYSICIAN | DIRECTOR PHYSICIAN | | 19 |
| | GREGORIO | KOSS | 13 E | NEER. | PARK DR. GF | AITHERIP | brR6 |
| | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c I | NAME OF CEMETERY OR | CREMATORY | 23d. LOCATION | dounty a | STATE |
| | 13wrial | 1-16-79 7 | suspen Drk | Cometry | Cookspille | HOWARA | Mid |
| 24 F | UNERAL DIRECTOR | ADDRESS | 1 0000 | 250. DAT | AEND BY RECISER 3256. RE | EGISTRAR'S SIGNA | ATURE LONG |
| 1 | tourn the | MAN DAR | asulle | 1/ | -1.19 | | |

BP._____ DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME 2a DATE OF DEATH 220 (TYPE OR PRINT) Russell 0 Smith 79 01 A RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAYS 1903 Male White Dec. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR FORFIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery USA Maryland DIVORCED WIDOWED IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Filed Bethesda Suburban Hospital 4 H Center Ret.Supert. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? should b 7100Connecticut Ave Maryland MontgomervChevy Chase 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Smith David (Yonker Τ., Rachel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) 220-10-0707 Nola Smith. Washington, D.C. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? nd Mental Hygiene 18 shows NO Z NO F 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 71e PLACE OF IN IURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 1978 22a.1 certify that (1) (this haspital) attended the deceased from and that in fmy (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE/SIGNED 22b. SIGNATORE ATTENDING MEDICAL STAFF TO FUNERAL C should be deto with the State C DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WEST 41006 23g, BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY 79Piney Plains Burial Flinstone. Cem. Allegany 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Kight Funeral Home, Cumberland, Maryland

System, Bungarda, James Bargarda Silgab

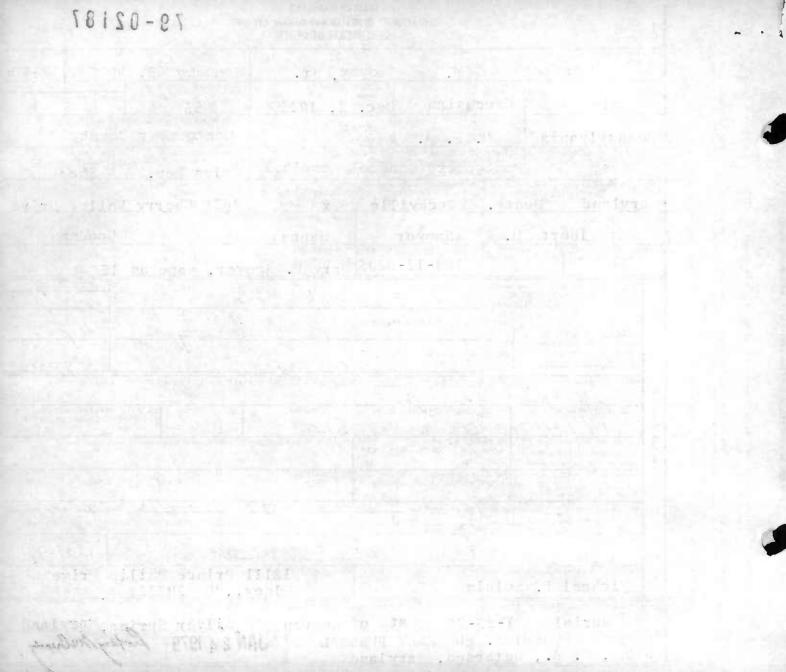
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND 79-02187 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Kenneth January 19. 1979 Smover 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAD Male Caucasian 1925 ec. TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania Montgomery County WIDOWEDE DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR Montgomery General Hospital INDUSTRY Olney Sales Rep Shoe USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? larvland 4628 Cherry Valley Drive Montg. Rockville. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Goodman Ethelbert Smover Hannah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I LIE YES, GIVE WAR OR DATES! 194-12-6205 Mary R. Smoyer. Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO -YES [NO F 21h TIME OF INVIURY 71n ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! PM 21a PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (our) opinion death accurred an the date and hour and from the causes stated saw the deceased alive an. abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN THECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 18111 Prince Philip Drive Michael D. Sulkin Olney. MD 20832 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Gate of Heaven Mary land Burial Silver Spring 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL DHMH-16 60M 1/73 (VRA 15 (4)) , P. A., Bethesda, Maryland



23b. DATE 1-4-1979

IVES FUNERAL HOME ARI INGTON, VIRGINIA

ADDRESS

FOR

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

BURIA

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND

LAST

23c. NAME OF CEMETERY OR CREMATORY

Arlington Natl Cem.

23d. LOCATION

Arlington

TRAR 256. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02188 20. DATE OF DEATH 7h HOUR 011979 JANUARY 6. AGE (IN YEARS LAST BIRTHDAY) DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 28 STARK DRIVE LAST BURGESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED JAN 1- 1979 DIRECTOR PHYSICIAN

Virginia

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

A DESCRIPTION OF THE PARTY OF T

shauld be detached for with the State Dept. o IMPORTANT: If Item 2

DHMH-16 50M 7/77 (VR A 15 (4))

star, page 3 after death FOR - STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-02189

| | 1. DECEASED NAME (TYPE OR PRINT) | | | LAST | 20 DATE OF DEATH MONT | 10:15 P |
|---|---|--|---|---|---|---|
| | | rma | | Sobe1 | 1/7/79 | M |
| | Female | Cauca: | | OF BIRTH 18,01896 EAR | 6 AGE (IN YEARS LAST BIRTHDAY) 8 2 |) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| , | To BIRTHPLACE (STATE OR FORE COUNTRY) Louisiana | 76 CITIZEN OF V | VHAT COUNTRY? B MARRIE WIDOW | ED NEVER MARRIED | Wontamer | |
| 5 | Wheaton | | OSPITAL, NURSING HOME | | e Housewife | RKING LIFE 126. KIND OF BUSINESS OR INDUSTRY Home |
| | USUAL RESIDENCE (IF MURSIN 130. STATE | | GIVE RESIDENCE BEFORE ADMISSION 13. CITY OR TOWN Kensington | 13d. INSIDE CITY LIMITS | ? 13. STREET ADDRESS 9900 E. Be: | xhill Dr. |
| | 14. FATHER'S NAME FIRST | MIDDLE Le | veson | 15 MOTHER'S MAIDEN Emily | NAME MIDDLE | Lucas |
| | 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (| IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. 436-36-7142 | A Gloria | S. Bennett | Same as 13 |
| | Conditions, if any, gove rise to imme cause (a), stating underlying cause | which diate the lost. (b) DUE TO, OR | AS A CONSEQUENCE OF | T NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION | ON GIVEN IN PART 1(b) |
| 2 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER | ON 196 CONDIT | TION FOR WHICH OPERATION | ON WAS PERFORMED | | . IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow |
| | PO THE | USE OF DEATH EXAMINER) P.N 21e. PLACE C (AT HOME, STRE | A. MONTH DAY YEAR A. 19 | | URRED (ENTER NATURE OF INJURY IN 11 CITY OR TOWN | TEM 18, PART 1 OR PART 2) COUNTY STATE |
| | 220.1 certify that (I) (t | olive on Octom (did not) view the body of | | DEGREE | on death accurred on the date o | nd hour and from the causes stated 22c. DATE SIGNED |
| | 22d PHYSICIAN'S NAM Alexand | AE (TYPE OR PRINT) Cer Chester | WIU. | 3301 New | Mexico Ave. | |
| | 230. BURIAL, CREMATION, RE (SPECIFY) Cremation | | 23c. NAME OF | Washingt CEMETERY OF CREMATOR Opolitan Co | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| | 24 FUNERALDIRECTOR R | | | neral 25a. I | DATE REC'D. BY REGISTRAR 256. F | REGISTRAR'S SIGNATURE |

| 0.1:01 | 24/4/1 | Labora | | mat | |
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| Lucia | | vilet | Leveson | | |
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| .0% | . Alexandria | repolitan Crei Linnal | . 9, 1979; Petri Luciones T Letherdr, N | 001 00 6 173751 .4. | Cremati Nove |

STATE OF MARYLAND

| 3 | FOR STATE | FilmG529 | 1/27/19 | | NENT OF HE | OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH | FIENE 79 | -021 | 91 | |
|--|----------------------|--|------------------------|-------------------------------------|------------------|--|--|------------------|---------------|----------------------------|
| m 4 | REGIS | | 2 0 | MIOOLE | 0 6 | CTOR | REG. N 20. DATE OF DEATH | 10. MONTH OA | YEAR | 26 HOUR 4A |
| ge (rice) | 3. SEX Fer | male | 1. RACE White | | 5. DATE OF MONTH | 10, 1892 YEAR | 6. AGE (IN YEARS LAST BIR | | FUNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| deoth. Po | RUSSIC | CE (STATE OR FOREIGN | u. s. | | WIDOWED | NEVER MARRIED DIVORCED DOTHER INSTITUTION | P BALTIMORE CITY OF THE PROPERTY OF THE PROPER | gom | ery | MD. |
| notified with | Bet | hes dal | (IF NOT IN SUC | H FACILITY, GIVE STREET | DDRESSI Dan | HOS pital | (TYPE OF WORK FOR MOST Merchan | OF WORKING LIFE) | | |
| thin 24 hc tely filled is 2 should b | Maryla 14. FATHER'S | nd Princ | e Geo. | Langley | Park | 136. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA | | ersity | Blvd. | East |
| recuted with complete stand 2 | So 160 WAS DEC | Lomon Pe | sach MED FORCES? | Pesah 166 SOCIAL SECU | 33.10 | Judith 17. INFORMANT | MIDDLE | ess entros e | (Un | known) |
| ALTIMOI ate be exe siction ond bers. Poge ol. | No | | WAR OR DATES) | 150-36-39 line for (a), (b), and | | Nathan Speca | | | ruland | MATE INTERVAL |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rottending physicion and completely filled in by os the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fill the and Memal Hygiene prior to burial, cremotion, or removal. and shows only injury, ar other traumotic event, the medical examiner must be not acked or them 18 shows only injury, ar other traumotic event, the medical examiner must be not acked or them. | 4/ | JSE OF DEATH (Enter on T I. DEATH WAS CAUSE IMMEDIAT Itions, if ony, which rise to immediate | E CAUSE (0) | Acute RAS A CONSEQUE | port | any ante | Jena dre | ase | | |
| ;, 201 W. Pi | couse underl | (a), stating the ying couse last | (c) | R AS A CONSEQUE | 01 | Herseless NOT RELATED TO THE TERM | MINAL DISEASE OR COM | IDITION GIVE | N IN PART 1(c | 01 |
| RECORDS, 2 n. n. os been signt permit Tobou permit Tobou permit Tobou was ony injury. | THE THE TOP I ON ACT | E OF OPERATION | 196 COND | Cham'C | OPERATION | y ohnor | 200. AUTOPSY? | | WERE FINDIN | |
| SION OF VITAL RI PHYSICIAN: The Is ending physicion. this certificate has the buriol-transit per ad Mental Hygiene d or them 18 shows | | CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEA | 21b. TIME O HOUR A. | M. MONTH DA | YEAR | 21c. HOW INJURY OCCUR | | | | NO [] |
| DIVISION O DIVISION O TO PHYSIC Net this cer of the buriol lith and Ment | WHILE AT WORK | | | REET, FACTORY, OFFICE, F | ARM, ETC.) | 211. LOCATION STREET | CITY OR TO | IWN | COUNTY | \$TATE: |
| NITEND spiral of spiral of the | sov | ertify that (I) (this haspi the deceased alive on ave, (I) (we) (did) (did no SNATURE | 1.1 | 8 - 19 | 7 | that in (my) (our) opinion | death occurred on the c | dote and hour | (/ | |
| by the by the eRal DI electron DI store De MNT: If the NNT: If the | | YSICIAN'S NAME (TYPE 6 | 001 | 2/ | | ATTENDING PHYSICIAN [| MEDICAL STA | | 1-18 | 178 |
| TO HOSPITAL retoined by t TO FUNERAL should be det with the Stot | | HADI 13 | A HAR | 7 23c. N | NAME OF OF | 8219 Wi | Stan 1 236 LOCATION | Lucan | e Be | Thesda |
| 5 BP | Bur | ial | 1/19/ | 1979 Nat | ional | White Orgrematory Capitol Hebr rial F.H. 250. DA | en Washing | 256. REGISTR | AR'S SIGNAT | STATE |
| DHMH - 16 50M 7/77 (VR A 15 (4)) | | vroll Street | | | igton, | D. C. | AN 22 1979 | just | ray / File | Credy |

Inc.

Sil

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02192

Items 15.16b g528 2/8/79 gj

Warner E. Pumphrey

- STATE

REGISTRAR

79-02192 TRUST COMMENCE TO BOTH TO STATE OF THE WILLIAM TO STAT . Tolizia were comment . salved . Colo-1--orr R Marine Commence A HUNGEL AND TOWN IN A DESIGN OF THE PARTY O SA SANDER SECTION the complete the broken control of the control of t MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical scomines must be politiced pronce.

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| ₹ | DEPARTMENT OF H |

E OF MARYLAND **TEALTH AND MENTAL HYGIENE** CERTIFICATE OF DEATH

79-02193

| - [| 1 DEC | | | | | | | |
|----------|---------------|---|--|--|---|---|-------------------------|-----------------------------------|
| | | CEASED NAME FIRST Have | y Edwa | 1 | ingrebes. | 20. DATE OF DEATH MONTH | 15/19 | 26. HOUR 5: 45 A |
| | 3. SEX | | 1. RACE | S. DATE O | DIV VEIB | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN |
| | _ | MALE | WHITE | | 17,1892 | | RS. | |
| 0 | CO | RTHPLACE (STATE OR FOREIGN DUNTRY) | 76. CITIZEN OF WHAT C | OUNTRY? | NEVER MARRIED | 9. BALTIMORE CITY OR COU | NTY OF DEATH | |
| 7 | | IEW YORK | u.s.A. | WIDOWE | D DIVORCED | MONTGOMERY | | MD. |
| 10 | | LVER SPRING | 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 8401 WO | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN BOOKBINDER | | BUSINESS OR |
| 36 | 13a. S | TATE 1136 COUN | GOMERY SIL | DENCE BEFORE ADMISSION) Y OR TOWN VER SPRING | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS 8401 WOODCL | IFF COURT | |
| 50 | 14 FA | THER'S NAME EDWARD | MIDDLE | TEINGREBE | 15. MOTHER'S MAIDEN NAME OF STREET CHRIST | INE | ROOSCHE | |
| / | 16a W | (AS DECEASED EVER IN U.S. AR | MED FORCES? 16b. SO | CIAL SECURITY NO. | 17 INFORMANT | ADDRESS | 9.7 | |
| | | YES WW | I 1 | 52-10-1325 | HARRIET M. | STEINGREBE S | SAME AS 13 | WIFE |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL | ly ane cause per line for D BY: TE CAUSE (a) | alnut | rition | | APPROXIM BETWEEN OF | NSET AND DEATH |
| Y. | | Conditions, if any, which | DUE TO, OR AS AC | CONSEQUENCE OF | Demen | tia | 4 | moz. |
| | | cause (a1, stating the underlying cause last. | DUE TO, OP AS A C | CONSEQUENCE OF | arterios | cleroses | 50 | paus |
| | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBU | UTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART NO | |
| \dashv | ATIO | 190 DATE OF OFFRATION | 196 CONDITION FO | OR WHICH OPERATION | Y WAS PERFORMED | 200 AUTOPSY? 20b. II | YES, WERE FINDING | GS USED |
| 2 | CERTIFICATION | | | | | YES NO | RTIFYING CAUSES (| OF DEATH? |
| 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | 216. TIME OF INJUR HOUR A.M. MG P.M. | | 21t. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM | A 18, PART 1 OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJU (AT HOME, STREET, FACT | JRY ORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | | 220. I certify that (I) (this haspi saw the deceased alive an abave, (I) fixe) (did) (did) | The | -1 19 78 an | d that in (my) (a) apinion (| death accurred on the date and | haur and fram the c | hat (I) (we) last auses stated |
| | | 22b. SIGNATURE | B ann | | DEGREE ATTENDING PHYSICIAN 5 | MEDICAL STAFF | 22c. DATE S | GIGNED |
| 7 | | 22d. PHYSICIAN'S NAME (TYPE O | RPRINT) RPRINT) | ID M.D | 22e. ADDRESS // 0 (| Spring | street no z | 5910 |
| - | 23a B | URIAL, CREMATION, REMOVAL | 1236. DATE | 1234 NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | 11000 | 120 |
| | (5 | BURIAL | 1/17/79 | FORT L | INCOLN | BRENTWOOD | PRI GEO | MD. |
| | 24 FL | INERAL DIRECTOR FRANCI. | S J. COLLIN | SDRESS | 25a. DATI | REC'D. BY REGISTRAR 256. RE | D.L hin | IRE de |
| | 500 | UNIV.BLVD. W. | SILVER SPR | ING, MD. 20 | 901 JA | 11 1 6 19/9 | erygrey/his | - June |

DHMH-16 50M 7/77 (VR A 15 (4))

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| ton ton | econmass./ | RORT LINGOUS | | DEASE LAISON |

poge 3 4 may be director, hours afte death. Page completely filled in by the funeral s 1 and 2 should be filed within 72? within 24 haurs after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 signed by the attending physician and c TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the buriol-transit permit. Then please remade carbon paper with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02194

| REGI | BIRTHPLACE ISTATE OR FOREIGE COUNTRY) MAY Y CAM CITY OR TOWN OF DEATH CALO MA PA UAL RESIDENCE (IF NURSING ISTATE WAS DECEASED EVER IN LETTER OR OR UNKNOWN) 18 CAUSE OF DEATH (E. PART I. DEATH WAS OR UNKNOWN) 18 CAUSE OF DEATH (E. PART I. DEATH WAS OR UNKNOWN) 19 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING COUSE (IN UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX INDUSTRY MEDICALEX INDUST | | | | CERTIF | ICATE OF DE | AIN | REG. N | 0. | | |
|--------------------------|--|---------------------------------|--------------------|-----------------|----------------|---------------------|---------------|---------------------------|------------|------------------|------------------|
| 1. DECEASE | | FIRST | | | L | AST | | 2a. DATE OF DEATH | MONTH | DAY YEAR | 26. HOUR |
| TITTE OR PRIN | " ~ St | acey | Erika | Ston | war | | | 1-17-7 | 9 | | 438 |
| 3. SEX | | INH | ACE | | | F BIRTH | | 6 AGE (IN YEARS LAST BIRT | 'HDAY) | IF UNDER 1 YEAR | |
| | Fo | | Placi | le. | MONTH | DAY | YEAR | | 100 | MONTHS DAYS | HOURS MIN |
| 7a BIRTHPL | ACE ISTATE OR E | OPEIGN 7h | | | Y? 8 | 11 | / | 9 BALTIMORE CITY O | | CYCEDEATH | 14100 |
| COUNTRY | 1 | 1 | / | 100 | MARRIEI | | RRIED 🔯 | 400 | | | |
| | | | NAMEOU | SH NUMBER | _ | | | | | | M |
| 7 | 1 | 2. 10 | | | | I I I | , 11 | | | | OF BUSINESS O |
| 1 -0 | | 00 | | | 0 / 1 | dventis | t Hosf | NA | | | NA |
| 13a. STATE | IDENCE (IF NURS | 1136 COUNTY | ER INSTITUTION, | | | 13d INSIDE CITY | LIMITS? | 13e. STREET ADDRESS | | | |
| | MD | PG | | Hyatts | sville | 9.0 | _ | | Dr. | #N-5 | |
| 14. FATHER | | u inn | ı F | LACT | | 1011110111011 | | - | | THE CO. | |
| Vin | | | CC | | 3666 | | | - | | Stewar | |
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| 22a 1 | certify that | (this hospital) | ottended the | e deceased from | 12 PM | m 1/17 | 19 79 | to 4 3 PM V | - 1/17 | 19 79 | that (1) (we) la |
| | | | ew the hody | | 74 , or | id that in (my) (or | ur) opinion o | death occurred on the d | ote and ha | our and from the | couses stated |
| | | Pele | ree | | | DEGREE | | THE STREET | 24.00 | 22c. DATE | SIGNED |
| 1 11 | William | of lila | heel. | | m | | | MEDICAL STA | | 1/17 | 179 |
| 22d. P | | | NT) | | /// | 22e ADDRESS | | | | HUSPIM | |
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| 23a. BURIAL (SPECIFY) | CREMATION, | | 36. DATE | 71 23 | MAME OF C | EMETERY OR CRE | MATORY | p Takoma Pk | Mon | nt demor | 7 MITATE |
| | Cremat | TOU | 1-18 | -19 | wasnin | gron Adv | | | | | |
| | L DIRECTOR | 175017 | | ADDRESS | | | 25a. DATE | REC'D. BY REGISTRAR | 25 RECTS | STRAP/YOUGHA | JUBLY |
| | Charley | Eldrid | ge WA | AH 7600 | Carrol | 1 Ave | NAN | 0 0 13/3 | | | |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN XX WONTH 7h HOUR (TYPE OR PRINT) OF ESTI-Selma Strauss 19 79 4. RACE 3. SEX 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c. DATE 14 HOUR LAST BIRTHDAY PRONOUNCED May 7, 1891 Female White DEAD 1979 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED XX Montgomery County USA DIVORCED [Germany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Silver Spring Fairland Nursing Home Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Silver Spring YES XX NO 13201 Collingwood Road Montgomery OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Oppenheim Zillie Levi Klein FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) Sil Spg. Collingw 069-16-4581D Lore Nirnbaum, 13201 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BURIAL-TRANSIT PERMIT.
AND MENTAL HYGIENE, D.
ON, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which arteriosclerotic heart disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Fracture of right hip. 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL 12/26/78 Fracture of right hip. YES NO TXX VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT CON PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 21h. TIME OF IN ILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 12/12 1978 CONTRIBUTING X X AUSE OF DEATH Fell at home. 21f. LOCATION WHILE AT WORK AT WORK Home Collingwood Rd., Silver Spring, Mont., Md. AL DIRECTOR: P. TH, WITH THE ST. MARYLAND, 213 Inspection XX 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural couses XX deoth resulted from: Suicide Homicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA 1/31/79 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road Silver Spring, Montgomery, Md. John S. Rogers, M.D 230 BURIAL, CREMATION, REMOVAL 236. DATE 73r. NAME OF CEMETERY OR CREMATORY 23d LOCATION /9 G.W. Cemetery Hyattsville, PrGeo.

ADDRESS ROCKVILLE, Md. 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR **DHMH - 17** history McCready VR A15 ME (5)) Danzansky-Goldberg Chapels 1170 Rockville Pike 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) ANNAH AGE (IN YEARS LAST BIRTHDAY MONTH DAYS HOURS Female Caucasian 10 1907 August BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Intamere U.S.A. WIDOWEDIX Mexico DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OF INDUSTRY Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
#30. STATE #134. COUNTY #136. CITY OR TOWN 13e STREET ADDRESS 10225 Kensington Pky. YESXX Kensington arvland Montgomery NO 15. MOTHER'S MAIDEN NAME illiam Melson E. Foster Mary PRESTON ST., BALTIMORE, A 17. INFORMANT Steens. WAS DECEASED EVER IN U.S. ARMED FORCES? Missippi 16h SOCIAL SECURITY NO. LYES, NO OR UNKNOWNI JE YES, GIVE WAR OR DATES) Mrs. Lydia Davis, Rt. 1, Box 202 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (0), Joy, and ic ... PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost neumonia RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, FART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 21d INTURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) AT WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceosed olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Should be deto DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Dr. Christopher Unger 7801 Moorland Lane, Bethesda, MD 236 NAME OF CEMETERY OR CREMATORY 23g, BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1 - 20 - 78Columbus, Mississippi Memorial Gardens ROBELTERA Pumphrey Funeral Homes, P.A. DHMH - 16 50M 1/76 (VR A 15 (4)) 7557 Wisconsin Ave., Bethesda, Maryland



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR (IN YEARS LAST BIRTHDAY) FEMALE MONTH YEAR 12 7a. BIRTHPLACE COUNTRY BALTIMORE CITY, OR COUNTY OF DEATH 76 CITIZEN OF WHAT MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HEED INDUSTRY 400 sewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ATVIC 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 110 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic BETWEEN ONSET AND PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 17 N1 5 obove, (I) (we) (did) (did not) view the body offer death and that in (my) (appinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT Ze ADDRESS TO FUNE shaufd be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE BP. 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02201 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Cora B. 1979 Trammell Jan. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR DAYS HOURS July 22 1896 Female White 82 7g. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Virginia Montgomery WIDOWEDXX IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR GIVE STREET ADDRESS)

y Street (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elby Wheaton Housewife own home BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montgomery Wheaton 13d, INSIDE CITY LIMITS? 4109 Elby Street, Maryland YES T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST John Earp (unknown) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578-09-5462 John E. Trammell-son (same as 13e) none 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o RIFERIOSCLEROSIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? per ental Hygiene NOL YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL tem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION W pu 21d. INJURY OCCURRED 21e PLACE OF INJURY ŏ STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK Aff 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in fmy (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (stid not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRIM 22e ADDRESS 10011 Ga. Ave., Silver Spring, Md. Henry W. Stout. 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) ROBEK Parklawn Cemeterv Md Montgomerv Burial REGISTRATIZSE. REGISTRAT'S SIGNATURE DHMH - 16 60M 1/75 Inc ADDRESS Pumphrey,

Ave. S.S. Md

(VRA 15 (4))

LANTE PARETAL ABOXING RESULT

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| 1 | | 1. | STATE REGISTRAR | | MEI | DICAL EXAMIN | ER'S C | ERTIFICATE O | F DEATH | 7 9 -N | 0220 | Z | |
| | | 1. DE | CEASED NAM | E FIRST | | MIDDLE | | LAST | 26. DA | TE KNOWN | | AY YEAR | 2b. HOUR |
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| | N S S S S S S S S S S S S S S S S S S S | М | ale | White | Mar. 24. | 1899 79 YI | | S DAYS HOURS | MIN PRONO | DUNCED | 1/31 | 1979 | 10:50 |
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| 21201 | Y SOUTH AND | | TATE | Mant | gomery | Takoma Par | | 13d. INSIDE CITY LIMITS? YES X NO | 13e, STREET AD | | | 170E | |
| | SHOW SHOW | | ryland ATHER'S NAM | | gomery | Irakoma Par | K | 15. MOTHER'S MAIDE | | aple Ave | enue, # | 202 | |
| E, MD. | FE DEATH, IF ANY DELAY IS NEC PAGES 1, 2, AND 3 TO THE FUN ORM PM. 3. RETAIN PAGE 5 F S. 1 AND 2 SHOULD BE FILED, W. N. ON-WITAL (RECORDS, 301 W. P. | | FIRST | nknown | MIDDLE | LAST | | Laura | Trav | | | LAST | |
| BALTIMORE, | PAGE FORM S 1 AN | 16a. \ | ES. NO, OR UNKNO | DEVER IN U.S. ARA | MED FORCES? WAR OR DATES) | 166. SOCIAL SECURIT | | 17. INFORMANT | | 9703 Br | istol | Ave. | |
| ALTI | URS AFTE B. GIVE P. WITH FO WITH FO DIVISION | | Yes | WWII | | 563-01-73 | 76 | Marion Tr | avers | Silver | | | 20901 |
| | T. P. | | 18 CAUSE C | OF DEATH (Enter onl | y ane couse per line | far (o), (b), and (c).) | | | | | | APPROXIMATE | INTERVAL AND DEATH |
| N ST., | N 24 HOL N ITEM 18 ALONG PERMIT. TGENE, IL. | | PARTIDI | IMMEDIAT | E CAUSE (a) ACT | ute myocard | ial d | lisease. | | | | | |
| PRESTON | HIN 2 IN IT R ALC SIT PE HYGI | | 429 | 1 | | AS A CONSEQUENCE | | | | | Walls ! | | |
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| 301 | SECUTED SE IN PER AL EXAM BURIAL-T NND MEN | | lying con | <u> </u> | (c) | | | | | | | | |
| | PAN BLAN | | PART 2 OTHER S | IGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | INAL DISEASE | OR CONDITION GIVEN IN PAR | RT 1 (a). | | | | |
| RECORDS, | HOULD BE EXECUT RD "PENDING" IN CHEF MEDICAL E. USED AS A BURI OF HEALTH AND A. C. CREMATION, O. | MEDICAL CERTIFICATION | | | | None | | | | | | | |
| - X | SED SED CRE | 1 8 | 19a. DATE OF | OPERATION | 19b. CONDIT | ION FOR WHICH OPER | ATION WA | AS PERFORMED? | | | 20 | 0. AUTOPSY? | |
| ITA | WORD WORD SHOULD BE USE UNIT OF H | F | None | | | | | | | | | YES 🗌 | NO [XX |
| OF VIT | S CERTIFICATE SH RITING THE WORL RDED TO THE CI FE 3 SHOULD BE U E DEPARTMENT O | 8 | | AL CAUSE WAS | 21b. TIME OF | MONTH DAY YEAR | 21c. HO | W INJURY OCCURRE | D (ENTER NATURE O | F INJURY IN ITEM 18 | PART 1 OR PART 2) | | |
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| DIVISION | IS CERTING ARDED 1 SE 3 SH | E | 21d. INJURY | | | FINJURY (AT HOME, DRY, FARM, ETC.) | 211. LOC | ATION | | | | | |
| 10 | | Z | AT WORK | NOT WHILE C |) SIREEI, FACIO | ORT, FARM, ETC.) | 31 | KEEI | CITY OF | TOWN | COUNTY | | STATE |
| | FR: THIS ATE, WRI FORWARD DR: PAGE HE STATE D, 21201 P | | 22a Land | du shas Lsaak ahaya | a of the remains done | ribed above, held an | Autaps | | | iry XX, an | | | |
| | A SE | | death result | | 7777 | | icide | y L.J. Inspection | | _ | d in my apinia | | |
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| | E CERI DULD L DIRE H, WIT | | ACTUAL | 1 | 21/ | 15-00- | | Deputy | - A - E | | DATE SIGNED | 1/31/7 | 79 |
| | SHCA SHC SHC SEAT | 1 | SIGNATURE | 11 | | 1000 | M.I | - | MEDICAL EX | | | | |
| | W D W | 100 | EXAMINER'S | Jol Jol | hn S. Roge | ers, M.D. | | DDRESS Silve | Seminar er Sprin | g. Monta | gomery. | Md. | |
| , mar 3 | TO MEDICAL E EXECUTE THE OPAGE 4 SHOUTO FUNERAL IN AFTER DEATH, BALTIMORE, MA | 23g, B | URIAL, CREMA | TION, REMOVAL 23 | | 23c, NAME OF CEA | | | 123d, LOCATIO | | | | |
| 54 | UU | [: | rematio | | Feb. 1, 79 | | | | CITY OR TOWN | vood, Pr | county | eorge. | Md. |
| | BP | | UNERAL DIREC | | | New Hampshi | | | REC'D. BY REGIS | TRAR 25b. REGI | STRAR'S SIGN | ATURE W | pt |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

etoined by the hospital or attending physicion.

FOR STATE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours aftiwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. Amust be notified at once. MPORTANT: If Item 21 is marked ar Item 18 shows any injury, or ather traumotic event, the

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02203

| - | REGISTRAR | | CERTIFICATE OF DEATH | REG. N | 0. | |
|---|--|---------------------------------------|---|-------------------------------|---------------------------------|--|
| 1 | 1. DECEASED NAME EIRST (TYPE OR PRINT) | MIODLE | LAST | 20 DATE OF DEATH | | |
| | Baby Gir | | 1712000 | | 1 22 79 | 154Am |
| | Remale | 4 RACE Caucas | S. DATE OF BIRTH MONTH DAY 79 | 6 AGE (IN YEARS LAST BIR | THOAY) IF UNDER 1 YE MONTHS OAT | |
| | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED | BALTIMORE CITY | OR COUNTY OF DEATH | |
|) | Maryland | USH | WIDOWED DIVORCED | 140n | tomery | MD. |
| 7 | Silver Spring | 11. NAME OF HOSPITAL, NI | JURSING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | D OF BUSINESS OR |
| 1 | USUAL RESIDENCE (IF NURSING HOM) OR 130. STATE | ITY 13 CITY OR | E BEFORE ADMISSION) R TOWN ' 13d INSIDE CITY LIMI VES X NO | 130. STREET ADDRESS | Edsell R | 2d. |
| 1 | 14 FATHER'S NAME FIRST | APPOLE THE | 15. MOTHER'S MAIDE | MINAME AMIDDLE | | LAST |
| 7 | 160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 166. SOCIAL WAR OR DATES) | | 24 Brooke yer, Reisters | bury Dr. Ap town, Md. 2 | ct. C-1 1136 |
| | Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY O | | SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED | TERMINAL DISEASE OR CON | 20b. IF YES, WERE FINI | DINGS USED |
| | RTIFIC | | 100 | YES NO | IN CERTIFYING CAUS | NO 🗆 |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | P.M. 21e. PLACE OF INJURY | H DAY YEAR 19 21f. LOCATION | CCURRED (ENTER NATURE OF INJU | | |
| | AT WORK AT WORK | (AT HOME, STREET, FACTORY, O | orrac, cana, crc.) | CITY OR TO | WN COUNTY | STATE |
| | 220.1 certify the (this hospit sow the deceosed clive on obove. (this ve) (did) (did) 50 22b. SIGNATURE | 112215 | , and that in (my) (our) or DEGREE | inion death occurred on the d | 22c. DA | _, that (I) (we) lost the couses stated ATE SIGNED |
| | X C/2 / | Jell | COLUMN PHYSICI | | | 2775 |
| | ALCON 3- | COVEMA | 1 45 1 1 1 1 1 9 | Rochall | puli. P. | orbyllo |
| | 230. BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF CEMETERY OR CREMAT | CITY OR TOWN | COUNTY | STATE |
| | Burial | 1-25-79 | Columbia Mem. Gard | | | /irginia |
| | 24. FUNERAL DIRECTOR Danzansky-Goldbei | rg Mem. Chap. | ckville, Md. 1170 Rockville Pk | JAN 26 1979 | 1250. REGISTRAR'S SIGN | Credy |

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

79-02203

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Venesal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR

F. Gasch's Sons P A Hyattsville, Md

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 02204

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

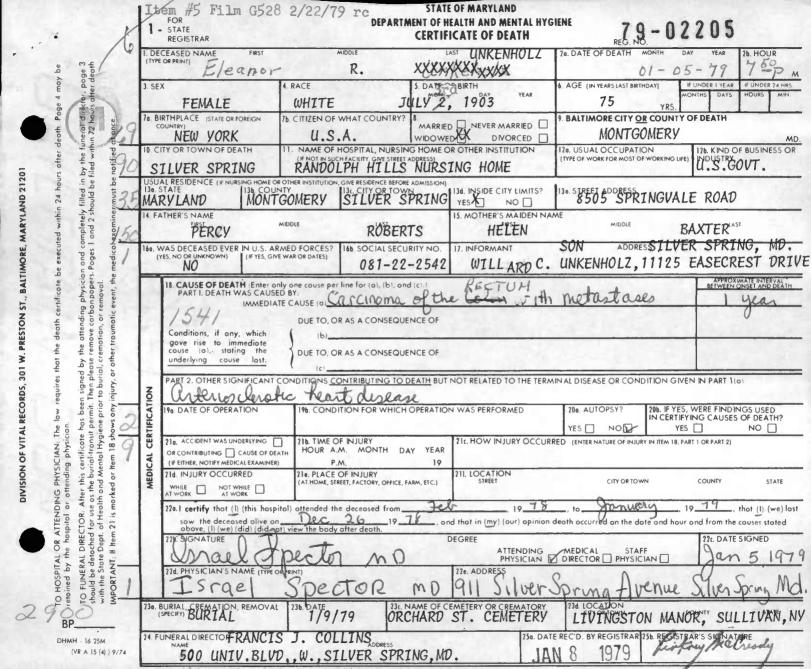
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| | - | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | - | . 20. | | |
|---|---------------|---|--|---|------------------------|--------------------------------------|---|---------------------------------------|-------------------|----------|---------------|
| | | CEASED NAME FIRS | | Mae | Und | derkoffler | 20. DATE OF DEATH | MONTH DAY | YEAR - 79 | 26 HOU | 3 |
| | 3. SE) | female | * RACE white | | 5. DATE C | of BIRTH 31, 1902 YEAR | 6. AGE (IN YEARS LAST BIR | THDAY) IF U | THS DAYS | IF UNDER | 24 HRS MIN |
| 5 | | RTHPLACE (STATE OR FOREIGN DUNTRY) ennsylvania | 76 CITIZEN OF | MHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED D | 9. BALTIMORE CITY O Montgon | _ | DEATH | | MD |
| / | | akoma Park | | | | or other institution ist Hospital | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C | | NOUSTRY, Shirt | F BUSINE | SSOR |
| 5 | | | OME OR OTHER INSTITUTION COUNTY Bucks | GIVE RESIDENCE BEFORE 13. CITY OR TOWN Quakerto | ADMISSION) N WII | 13d. INSIDE CITY LIMITS? YES NO | 130. STREET ADDRESS | 3rd St | reet | | |
| 9 | .14. FA | THER'S NAME FIRST Harvey | Berkensto | ck LAST | | 15. MOTHER'S MAIDEN NA/ FIRST Alaves | sta Ohl MIOOLE | | LAS | 7 | |
| 5 | | VAS DECEASED EVER IN U. ES, NO OR UNKNOWN) (IF YE | S. ARMED FORCES? es, GIVE WAR OR DATES) | 159 07 9 | | Helen Lawre | ence Hyat | tsville | , Md. | | |
| | NO | Conditions, if any, white gove rise to immedia couse (a), stating the underlying couse to: PART 2. OTHER SIGNIFICATION CONTRACTION COURT | te he DUE TO, O st. (c) | R AS A CONSEQUE | track | not related to the term | ashal a | CCIN DITION GIVEN | IN PART 1(c | 01 | |
| 7 | CERTIFICATION | 19a DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200. AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES | G CAUSES | OF DEAT | H? |
| 7 | | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUGE (IF EITHER, NOTIFY MEDICAL EXAL | OFTEATH HOUR A. | FINJURŸ M. MONTH DA M. | YEAR | 21c. HOW INJURY OCCURE | | | | NO [| |
| | MEDICAL | 21d. INJURY OCCURRED WHILE HOT WHILE AT WORK | 21e. PLACE (AT HOME, STE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TOV | VN | COUNTY | ST. | ATE |
| | | 22a. I certify that (I) (this sow the deceased ali- above, (I) (we) (did)(c 22b. SIGNATURE | | ofter death. | 31000 | nd that in (my) (our) opinion (| | | / | | |
| | | 22d. PHYSICIAN'S NAME (| TYPE OR PRINT) Sand Strom | 7 100 | | ATTENDING PHYSICIAN [| MEDICAL PHYSIC | CIAN | 1-21 , M. | 6.79 | |
| | 23a. B | URIAL, CREMATION, REMO | | | | EMETERY OR ENEMATORIX town Union | 23d. LOCATION CITY OF TOWN Quakerto | wn Unio | n Buci | ks Pa | |

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| X | FOR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
|--|---|---|----------------------------|
| 12- 6 | 1 - STATE REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7.9. | 2206 |
| 1 | 1. DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE LAST 20. DATE KNOWN DY MON | TH DAY YEAR 25 HOUR |
| ASE PS. FFS. ET, | Lousy | Steven //associ DEATH MATED ITE | 23/1079 734 |
| A SECTION OF SECTION O | 3. SEX 4. RACE 5. DAT | TE OF BIRTH TH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED MONT | H DAY YEAR 24 H34 |
| VOUR VOUR | M W Fe | 6 25 16 62 YRS. DEAD Jan. | 31 1979 AM |
| S NECESSARY, FUNERALDIR 5 FOR YOUR D, WITHIN 72 | 70. BIRTHPLACE (STATE OR 76. CIT FOREIGN COUNTRY) | USA **MARRIED A NEVER MARRIED 9. BALTIMORE CITY OR COU | INTY OF DEATH |
| HE FOR | | AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF B) | MD. 12b. KIND OF BUSINESS |
| A T A T A | | NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | OR INDUSTRY |
| RP S S | USUAL RESIDENCE (IF IN NURSING HOME OR OTHER I | | raurant |
| F AND SHOULD SHO | MIL Mine | George 12 Ltry or Town 13d. INSUE (ITY LIMITS? 13e. STREET ADDRESS Powh >- | tan Rd |
| O I NA | 14. FATHER'S NAME Stephen Judge | Vassos 15. MOTHER'S MAIDEN NAME Efficie Zaharoo Tis | LAST |
| A S S S S | | | |
| ₹ En R NO 0 | 160. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR D Yes | DRCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Same ABORES 20 DO OTO THY M. Vassos (Wife) | ve |
| BALT JRS A J. GIVI WITH PAGI | 18. CAUSE OF DEATH (Enter only one co | | APPROXIMATE INTERVAL |
| ST. ALG | PART I DEATH WAS CAUSED BY: | | BETWEEN ONSET AND DEATH |
| 5 Z=403 | 3885- | DUE TO, OR AS A CONSEQUENCE OF | |
| W. PREST D WITHIN TENCIL IN AMINER A TRANSIT ENTAL HY REMOVA | Canditions, if ony, which gove rise to immediate | (6) Thrinary infection 22 Browchiz | |
| UTED WITH N PENCIL I EXAMINER STALTRANS MENTAL I OR REMOV | couse (o) stoting the <u>under-</u> lying cause last. | DUE TO, OR AS A CONSEQUENCE OF | n Zo |
| S, 301 W ECUTED S" IN PEI S" IN PEI NAMD MEN | PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBU | (c) Fraktured skull and Oubdura! Homa | tana. |
| A A A A A A A A A A A A A A A A A A A | | ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) Sec. 7 & 2 £2/ | |
| AL RECO | 190. DATE OF OPERATION 190. DATE OF OPERATION 7 9 210. EXTERNAL CAUSE WAS | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 2D. AUTOPSY? |
| FVITAL RI TE SHOUL WORD "PI HE CHIEF O BE USED SNT OF HE URIAL, CR | 1-28-79 | Subdural Homatoma | YES D NO |
| CERTIFICATE SHOUTING THE WORD TO THE CHIE E 3 SHOULD BE US E 10 SPARTMENT OF PRIOR TO BURIAL, C | 216 EXTERNAL CAUSE WAS | 216. TIME OF INJURY A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR | PART 2) |
| DIVISION OF S. CERTIFICATE RITING THE W RDED TO THE E. DE PARTAMEN PRIOR TO BU | CONTRIBUTING CAUSE OF DEATH | 110. PLACE OF INJURY (ATHOME 211. LOCATION 211. LOCATION | |
| a section and | WHILE AT WORK AT WORK | | COUNTY STATE |
| ER: THI ATE, WI CORWA R: PAG F: STAT | | e remains described above, held an Autopsy . Inspection . Inquiry and in my | DC |
| INER TE FO | 220. I certify that I took charge of the death resulted from Notural cause | | opinion |
| EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE | decim resolved in the state of | TITLE (SPECIFY) | |
| CALEX THE CE SHOUL STATA, V | ACTUAL SIGNATURE | M.D. DCD, MEDICAL EXAMINER SIG | E 7 e b. 1. 1979 |
| EDIC TE TILE TO EA A SI | EXAMINER'S NAME John G | . Rogers 1919 Seminary Rd. | S.S.Md. |
| TO MEDICAL E EXECUTE THE O PAGE 4 SHOU AFTER DEATH, BALTIMORE, MA | PATE OR PRINT) | ADDRESS | |
| ALAM | 230. BURIAL, CREMATION, REMOVAL 23b. DATI (SPECIFY) Burial 1 | 231. NAME OF CEMETERY OR CREMATORY 231 LOCATION CHYORTOWN CHYORTOWN P | G Md. |
| DHMH - 17 | 24. FUNERAL DIRECTOR | 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR | |
| (VR A15 ME (5)) 15M 7/77 | Himes/Rinaldi F. | H.11800 N.H.Ave. Silver Spring, Md. | Mc Charles |

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| 1919 Seminary Rd. S.S.Bd. | 224 | John C. Ro | |
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| | / | | STATE | DEPART | MENT OF HEALTH | AND MENTAL HYG | JENE 70 022 | 0.7 |
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| | 4 | | REGISTRAR | MEDICAL | EXAMINER'S C | ERTIFICATE OF | DEATH (9 REGULA 4 | 01 |
| - | | | CEASED NAME FIRST | WIDDIE | | LAST | 2a. DATE KNOWN MONT | H DAY YEAR Zb. HOUR |
| | 1 | (TYF | E OR PRINT) | - La | 1/. 1 | 1:14: | 20. DATE KNOWN MONT OF ESTI- DEATH MATED | 1030 |
| 8.65 | S'NECESSARY, PIEASE, FUNERAL DIRECTOR SE ON YOUR FILES. W. PRESTON STREET, | | 7 4 | ance | 1// / | 10101 | | 1977 7 M |
| | HO HE | 3. SE) | 4. RACE | S. DANEADE BIRTING | 6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH | DER 1 YR. IF UNDER 24 | | DAY YEAR 24. HOUR |
| | DOIN 72 SUR | | Mu w | XXXXXXX 9-6 | & ZTRS | 13. DATS HOURS MI | DEAD DEAD | 26 19 19 OM |
| - | ZIZ | 7a. B | RTHPLACE (STATE OR | 76. UTIZEN OF WHAT COUN | ITDV2 0 | 3- | 9. BALTIMORE CITY OR COU | |
| | 記事品を開 | FC | REIGN COUNTRY) | | MARRI | ED NEVER MARRIED | | |
| | IS VECE | | ITALY | U.S.A. | WIDOW | | | mery MD. |
| 1 | SHA BE | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUI | RSING HOME, OR OTH TREET ADDRESS) | ER INSTITUTION 12 | S. USUAL OCCUPATION (TYPE F WOR FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| | THE ME | B | Jul Car | 1.16 - 4 | ~ nwv. | Mone | TRUCK DRIVER | OK II DOSIKI |
| | DELA 3 TO IN PA SDS, 3 | USUA | L RESIDENCE (IF IN MERSING HOME O | DR OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY | BEFORE ADMISSIONI) | | THE OIL PROPERTY | |
| 0 | 79 K 30 2 6 | 13e. S | TATE 136. COUN | TY 13c. CITY | OR TOWN | | STREET ADDRESS | 1/5 |
| 2120 | 2, AND 3 TO 2, AND 3 TO 3. RETAIN PA SHOULD BE 1. RECORDS, | | 11/204 | gand a | 1. Jack | YES NO D | 11320000 | 1219 CA! |
| MD. | H. 2, 2, 3 | 14. F/ | THER'S NAME | MIDDLE | 10 | 15. MOTHER'S MAIDEN N | IAME MIDDLE | LAST |
| | S & S S | | rikal | VIII | ÎÖTTI | rikal | MIDDLE | LA31 |
| S.E. | FTER DEATH E PAGES 1, FORM PM FORM PM SES 1 AND 2 ON OFVITA | 160 V | VAS DECEASED EVER IN U.S. AR | | IAL SECURITY NO. | 17. INFORMANT | ADDRESS | |
| N N | S S S | | ES, NO. OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | | | | |
| BALTIMORE, | URS AFTER DEATH. B. GIVE PAGES 1, 2, WITH FORM PM 3, WITH FORM PM 3, PAGES 1 AND 2 S DIVISION OF VITAL | | YES WW | 1 | 82-28-4416 | FRED F. V | ILLIOTTI SAME AS | 13 SON |
| 80 | W. V. | | 18. CAUSE OF DEATH (Enter an | ly one cause per line far (a) (b) | , ond (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST. | 24 HOU ITEM 18 LONG PERMIT. | | PART I DEATH WAS CAUSE | | longh. | 170 | | BETWEEN ONSET AND DEATH |
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| ST | | | Conditions, if any, which | DOE TO, OK AS A CON | ISEQUENCE OF | 1. 1 A | 1 1 | 1 Vera |
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| | XECUTED WITHIN IG" IN PENCIL IN CAL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ON, OR REMOVAL | | DART 2 OTHER CICHIELS AND CONDITIONS | CONTRIBUTING TO OF ATH BUT NOT BELL | TEA TA THE TERMINAL AVERAGE | | | |
| DIVISION OF VITAL RECORDS, | 200 40 | 7 | PART 2 OTNER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RELA | TEU TO THE TERMINAL DISEASE | OR CONDITION GIVEN IN PART 1 | a). | |
| 8 | ULD BE E | CERTIFICATION | FY | acture 1 | .t. K10. | | | |
| OK. | HIEF HEED OF HE | A | 196. DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION W | AS PERFORMED? | | 20. AUTOPSY? |
| Z | COESES | Ĕ | 12-14-1 | & Fract | . co. 10. | 4 11. | | YES NOTE |
| > | | E | 210. EXTERNAL CAUSE WAS | 216. TIME OF INJURY | 121c HC | OW INJURY OCCURRED (| NTER NATURE OF INJURY IN ITEM 18 PART 1 OR | |
| ō | CERTIFICATE SH TING THE WOR DED TO THE C 3 SHOULD BE DEPARTMENT OR TO BURIA | | UNDERLYING OR | HOUR A.M. MONTH | DAY YEAR | A A | s - 4 1 |) |
| 6 | A HOUNT | 5 | CONTRIBUTING CAUSE OF | DEATH P.M. 12 | 4 19 17 | ell | onutvalt | |
| VISI | RITING TREED TO SEE 3 SHOEP TE DEPARE | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY STREET, FACTORY, FARM, E | (AT HOME. 21f. LOC | CATION | CITY OF TOWAR | COUNTY STATE |
| ā | | Z | WHILE NOT WHILE AT WORK | | | THE | To the town | COUNTY |
| | R: THIS CE, WRITE, WRITE PAGE STATE | | AT WORK | dere | | | 00 2220102 | 1-2 |
| | ATE SOR | | 220. I certify that I toak charg | e af the remains described abo | ve, held on Autaps | sy 🔲, Inspection 🕹 | ☑, Inquiry ☐, and in my | apinian |
| | NE STATE | | death resulted from: Natur | rol couses Accident | Suicide . | Homicide . | Indetermined monner . | |
| | REE STI | | | - 0/1 | | TITLE (SPECIFY) | | |
| | AAR VAR | | ACTUAL | 0 11/- | | A- | DAT | E # 7/1010 |
| | A A A A A A A A A A A A A A A A A A A | | SIGNATURE | 1 | Ter M | D. 18 | MEDICAL EXAMINER SIGI | NED THE FOLLOW |
| | OR OR | | EXAMINER'S NAME 70 | , , | / | | | |
| | MED CUTE CUTE FUNE FINO TIMO | appli. | (TYPE OR PRINT) | HN S. ROGERS | | ADDRESS 1919 ST | MINARY ROAD SILV | ER SPRING MD. |
| | TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 23; | 23o. B | URIAL, CREMATION, REMOVAL 2 | 3b. DATE 23c. N | NAME OF CEMETERY O | R CREMATORY 12 | 3d. LOCATION | |
| 47 1 | | (| PECIFYBURIAL | 1/29/79 G | ATE OF HEAV | 'EN | STEVER SPRING " | MONT STATE MD. |
| 56 | BP | | | | | | D. BY REGISTRAR 256. REGISTRAR'S | SIGNATURE |
| | DHMH - 17 | 24. F | UNERAL DIRECTOR FRAN OO UNIV.BLVD., W | CIS J. CULLINS | 0 1/0 0000 | Z36. DATE KEC | 1 1. | A- O |
| | (VR A15 ME (5)) 15M 7/77 | 5 | on aniv. Rran. " | ., SILVER SPRIN | G,MV. 20901 | JAN 2 | 2 9 1979 peoplay | /He ready |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02208 FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH FORDON (TYPE OR PRINT) 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Penna. 2222xDetxxxx Montgomery 4,5 WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION Retired Working Life) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery Sil. Spr. 13.9903 Delston Road, YES T Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Norman Walck Mary Nattress 16b SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 171-01-586 Mildred R. Walck-wife=(same as 13e) APPROXIMATE INTERVAL BETWEEN ONSOT AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obover [] we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta MPORTANT: 22d. PHYSICIAN'S NAME (TYPE ORPRINT) 22e. APOBESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Laurel Cemetery Hazelton

[250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. BP Burial Pumphrey, DHMH - 16 50M 7/77 (VR A 15 (4))

73-02208 1/2/19/19/1 THE STEW OF WALL STEEL STEEL of it was a feet and a second of the second THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a, DATE OF DEATH 7h. HOUR (TYPE OR PRINT) 8:25P 01 79 WALLACE EDYTHE B 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF LINDER 24 MRS MONTH Female White OAY YEAR HOURS Oct. 11 1905 O BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. IISA WIDOWED DIVORCED [MONTGOMERY I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MONTGOMERY GENERAL HOSPITAL OLNEY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Housewife ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. OYES T Mont. Sandy Sprin 17310 Ouaker Lane 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Amos Ward Beall Nora Willison 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 578-32-9265 No Mason Wallace (Husband) Same as above 18. CAUSE OF DEATH (Enter only one couse for line to (a thi, and ici PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO underlying couse last NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [Hygien 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e, PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR OWN STREET COUNTY STATE NOT WHILE J certify that (1) This hospital) attended the deceased from (my) (our) opinian death accurred on the date and hour and from the couses stated TO FUNERAL DIRECTOR Should be detoched with the State Dept. DEGREE ASTENDING MEDICAL STAFF DIRECTOR . MPORTANT PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d COCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial COUNTY STATE 1/10/79 Washington Adelphi PG 22 BP Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hines/Rinaldi F.H.11800 N.H.Ave.Silver DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02211

| 1 | FOR - STATE REGISTRAR | DEPART | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE 79-022 | |
|---------------|--|---|--------------------------|--|--|---|
| | ECEASED NAME FIRST | eae Sprigg | WAR | AST ZD | 20 DATE OF DEATH MONTH Tan | 30/h 79 4 45 |
| 3 SE | EX | 4 RACE | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | Male | Caucasian | 6- | 23- 92. | 86 YRS | MONTHS DAYS HOURS MIN |
| 70.8 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIEI WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Mont. Mo |
| 70 B | city or town of death | 17. NAME OF HOSPITAL, NURS I (IF NOT IN SUCH FACILITY, GIVE STREE | ING HOME O | | 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Carpenter | 126 KIND OF BUSINESS OR |
| 35 130 | Md. Mont | ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TOV Gomery Gaithers | WN | 13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌 | 13e. STREET ADDRESS 25 Cedar Ave. | |
| 50 | Charles | Mard Ward | | IS MOTHER'S MAIDEN N. FIRST Hattie | WIDDLE | Duvall |
| | WAS DECEASED EVER IN U.S. AR (yes, no grunknown) (if yes, giv | RMED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 213-01- | | Mrs. Julia | Walker Gaither | Cedar Ave. Sburg, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| TION | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (| | JENCE OF | | MINAL DISEASE OR CONDITION GIV | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | H OPERATIO | N WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO |
| MEDICAL CEI | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK | HOUR A.M. MONTH | 19 | 211. LOCATION STREET | RRED (ENTER NATURE OF INJURY IN ITEM 18. | COUNTY STATE |
| | | ottended the deceosed from 19- | | DEGREE | n deoth occurred on the dote and had | 19, that (1) (ve) lost or and from the couses stated |
| 1 | 22d. PHYSICIAN'S NAME (TYPE O | WARD | 611 | PHYSICIAN PHYSICIAN | oral Belling | li m |
| 23a | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | | Oak Cemetery | Gaithersburg | Montg. Md. |
| G: | Ptille Sande artner-Sandison | F. H. Gaithers | iamond | Avenue | FEB 5 1979 | WAR'S SIGNATURE Cready |

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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OUBBIRDER OF

NAME: Anna H. Waters

DATE OF DEATH: January 7, 1979

PLACE OF DEATH: Montgomery County

SEE: #79-04842

February, 1979 Montgomery County

FOR - STATE

STATE OF MARYLAND

Md

8434 Ga. Ave. 5.S

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-11214

| 1020 | REGISTRAR | | | | CERTIFIC | AIL OF | DEATH | | REG. N | 10. | | | |
|---------------|--------------------------|--------------|--------------------|-------------------------|----------------|-------------|-----------------|-----------|--------------------------|-------------|---------------|------------|-----------|
| 1. DEC | EASED NAME | FIRST | ^ | AIDDLE | LAST | | | 20. DAT | E OF DEATH | MONTH | DAY YEAR | 2b. HO | UR O |
| | | Edna | | E. | Wat | tts. | | ,Ta | an | 1 | 19' | 707: | 30 M |
| 3. SEX | | | 4. RACE | | 5. DATE OF | | VEAR | 6. AGE | (IN YEARS LAST BH | THDAY) | MONTHS DAY | | R 24 HRS |
| | Female | Y | white | | Mar | 2 PAY | 18 9 2 | 86 | 5 | YRS. | JACINITS DATE | I III III | , A |
| 7a BIR | THPLACE (STATE OR F | OREIGN | | WHAT COUNTRY? | 8 MARRIED [| NEVER | MARRIED (3) | 9. BALT | IMORE CITY | OR COUNT | Y OF DEATH | 0.00 | |
| | Missou | | USA | | WIDOWED [| | NORCED | | | tgom | ery | | MD. |
| | Y OR TOWN OF DE | | | HOSPITAL, NURSIN | | | | | WORK FOR MOST | OF WORKING | | OF BUSIN | VESS OR |
| | ensingto | | | ngton G | | s Nu: | rsing | | Retir | ed | | Gov | t. |
| 13a. S1 | L RESIDENCE (IF NUR | 13h COUN | tgomer | GIVE RESIDENCE BEFORE | ADMISSION) | INSIDE | ome Mits? | 13e STR | EET ADDRESS | | | | |
| | y⊥and | Mon | tgomer | y Sil. | | YES 🔼 | NO 🗆 | | Stir | ling | Road | , | |
| 14. FAT | Frank | | MIDDLE | LAST. | 15 | | S MAIDEN NA | ME | WIDDLE | | | LAST | |
| | | | | Watts | | | Ada | | | | | ckhai | m |
| | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. 1 | 1 INFORM | | | ADDR | | 96 | | |
| | no | | none | 220-44 | -5470 | Ma: | rgaret | L. | Acton | -nie | | | |
| | 18 CAUSE OF DEA | H (Enter on | ly one couse per | line for (a), (b), and | dict | - | . m | | 53 85 k | | BETWE | EN ONSETA | ERBUM |
| | PART I. DEATH V | | E CAUSE (o) | arcu | Lanes | Mas | 1 | | | | w | Uk | 0 |
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| | Conditions, if any | , which | (16) | AS A CONSEQUE | 1401 01 | | | | | | | | |
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| | underlying cous | | DUE 10, O | AS A CONSEQUE | 1 Dan A | Ta | want , | me | man | 1 | 71 | Du | h. |
| | PART 2. OTHER SIG | NIFICANTO | ONDITIONS CO | INTRIBUTING TO D | FATH BUT NO | OT RELATE | D TO THE TEM | AINAI DIS | SEASE OR CO | IDITION G | IVEN IN PART | 1(0) | |
| | | | | | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH | OPERATION ' | WAS PERF | ORMED | 20a / | AUTOPSY? | | ES, WERE FIN | | |
| 기 볼 | | | | | | | | YES | NONE] | | TIFYING CAUS | SES OF DEA | |
| | 210 ACCIDENT WAS UN | DERLYING | | | | 1c. HOW I | NJURY OCCUR | | | | | | |
| | OR CONTRIBUTING | | | | Y YEAR | | | | | | | | |
| MEDICAL | (IF EITHER, NOTIFY MEDI- | | P./ 21e PLACE (| | 19 | II LOCAT | ON | 100 | | | | | - |
| ME | WHILE NOT Y | WHILE [| | EET, FACTORY, OFFICE, F | | STREE | | | CITY OR TO | MM | COUNTY | | STATE |
| | AT WORK AT W | | | | Da | 260 | 18 | (| 7011 / | | 79 | .1 | 4 11 1 |
| | 22a.1 certify that (I | | | e deceased from | 70 | that in (m) |) (our) opinion | dooth od | y used on the | data and be | 19 | | (we) lost |
| | obove, (1) (ye) | did) (did no | view the body | ofter death. | | | , (our, opinion | deom oc | Corred on me | Jore and me | | | |
| | 22b. SIGNATURE | 1/1 | V. C. | 1540 | DE | GREE | ATTENDING | MEDI | CAL STA | AFF | 22c. DA | TE SIGNE | 9 |
| | Cli | 100 | rnc | ~ pn - | | | PHYSICIAN [| | | ICIAN 🗌 | 1/ | 1/// | |
| | 22d. PHYSICIAN'S N | | | | 12 | 2e ADDRE | 55 13 | 018 | 660 | >120-1 | AI | VE | 1 |
| | 4.4 | 112/ | neth | | | 100 | W | 1+5 | ATO | N, W | 10.2 | 090 | 6 |
| 23a. Bl | URIAL, CREMATION | , REMOVAL | 23b DATE | 23€. № | NAME OF CEN | NETERY OF | CREMATORY | 23d. I | LOCATION CITY OR TOWN | | COUNTY | | STATE |
| (5) | Rurial | | Jan 4 | 1979 P | arkla | wn C | emeter | - 1 | | le M | | | |
| 24 EU | NERAL DIRECTOR | Diam | phrey, | n | 1 | | 25a. DAT | TE REC'D. | BY REGISTRA | | | | |
| W | CHAMBICI E | . Pull | Thursdy' | TI THUNKS | .125 | 1.1.1 | 111 | 1015 | 1070 | Jan. | STRAR'S SIGN | DON'THE | 7 |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

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etoined by the hospitol

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02216

| REGISTRA | t | | CERTI | FICATE OF D | EAIN | REG. N | 10. | | |
|-----------------------------|------------------------------------|-----------------------------------|----------------------------------|--|---------------|--------------------------|---------------------|----------------|--------------|
| 1. DECEASED NA. | ME FIRST | MIDDLE | Guillion 1775 | LAST | | 20. DATE OF DEATH | MONTH DA | Y YEAR | 2b HOUR |
| (THE ORPRINT) | SYLUI | A LEV | IN WEIN | STEIN | water 1 | 1 | 121/1 | 9 | 1 h 0 |
| 3. SEX | | 4 RACE | 5. DATE | OF BIRTH | | 6. AGE (IN YEARS LAST BI | RTHDAY) IF | FUNDER YEAR | IF UNDER 2 |
| FEMALE | | WHITE | De | i. 26, | 1908 | 70 | YRS. | ONTHS DAYS | HOURS |
| 7a. BIRTHPLACE . | STATE OR FOREIGN | 76. CITIZEN OF WHAT | COUNTRY? 8. | D NEVER M | ADDIED (| 9. BALTIMORE CITY | | OF DEATH | -100 |
| New Jer | sey | U.S.A. | WIDOW | | ORCED | mon: | TGOME. | RV | |
| 10 CITY OR TOW | | 11. NAME OF HOSPIT | AL, NURSING HOME | | TUTION | 120 USUAL OCCUPAT | | 12b. KIND O | F BUSINES |
| BETHE | SDA | | Y, GIVE STREET ADDRESS) | | | (TYPE OF WORK FOR MOST | OF WORKING LIFE) | Clat | -10 1 |
| USUAL RESIDENCE | E (IF NURSING HOME OR | OTHER INSTITUTION, GIVE RES | IDENCE BEFORE ADMISSION | | | | | - 1202 | ning |
| Pennsul | ania Dhi | Pa Ca Di | TY OR TOWN | YES V | NO 🗆 | 13e, STREET ADDRESS | + 0+ | | |
| 14. FATHER'S NAM | | 20., COL PI | niladelphia | 4 7 | MAIDEN NAM | 2100 Treer | nona sa | neez | |
| FIRST | | MIDDLE | LAST | 1 | IRST | MIDDLE | | LAS | |
| John | ED EVER IN U.S. AR | MED FORCES? 166 SC | OCIAL SECURITY NO. | 17. INFORMAN | ssie. | Ad) Poli | E86 C | | rish |
| (YES, NO OR UNK | | WAR OR DATES) | | | | _ | 92° Spir | | |
| no. | | | 9-26-4119 | Micha | el Weis | nstein Bou | vie, Ma | | |
| 18 CAUSE | OF DEATH (Enter on DEATH WAS CAUSE | ly one couse per line to | (o), (b), and (c).1 | . 1 | 121 | no boris | | BETWEEN | MATE INTERV |
| | IMMEDIAT | | wrovaso | unu | 10000 | mouses | 277 | 4 | DAS |
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| 0.0000 | | | | | | | | 1/0 | 12 |
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| THE TOP THE O | FOPERATION | TION CONDITION F | OR WHICH OPERATION | N WAS PERFOR | PAAED | 20g. AUTOPSY? | 20h IF YES N | WERE FINDIN | JGS HSED |
| SE IN PAIR | OT ERMITION | The Correlation | OK WINCH OF EKATIC | AT WASTERIOR | MED | | IN CERTIFYI | ING CAUSES | OF DEATH |
| E | | THE OF INITIAL | DV. | In Howell | LIDY O CCLUBS | YES NO | YES | | NO 🗌 |
| OR CONTRIBU | TING CAUSE OF DEA | 21b. TIME OF INJUI HOUR A.M. M | ONTH DAY YEAR | ZIC HOW INJ | UKY OCCURR | ED (ENTER NATURE OF INJ | JRY IN ITEM 18, PAR | T 1 OR PART 2) | |
| S (IF EITHER, NO | TIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | |
| (IF EITHER, NO. 21d. INJURY | OCCURRED | 21e PLACE OF INJ | JRY TORY, OFFICE, FARM, ETC.) | 211 LOCATIO | И | CITY OR TO | WN . | COUNTY | STA |
| AT WORK | NOT WHILE | (A) HOME, STREET, PAC | / | L | | . / | 1.0 | | 316 |
| 22a. L certify | that (1) (this hospi | tol) oftended the dege | see From | 973 | . 19 | 10-1/2 | 1/1/15 | 9 | that (I) (we |
| sow th | deceased affive on | 1/4// | 7 19 | nd that in (my) (| our opinion d | death occurred on the | ote and hour c | and from the | couses stot |
| 22b, SIGNA | | t) view the body ofter d | eath. | DEGREE | 3 11 10 | | | 22c. DATE | , |
| 10/0 | 1111/ | 1-11/110 | Chhis | | TENDING | MEDICAL STA | AFF | 1/2 | 2/ |
| 146 | w. | y our | 10001 | The same of the sa | | DIRECTOR PHYSI | CIAN | 1/- | // |
| 22d. PHYSIC | IAN'S TAME TYPE OF | R PRINT) | ie man | 22e. ADDRESS |) / 0 / | 1. / | RA | 1.1. | 2 |
| HENI | ey C. | 2 CKUGO | 5/100 | 13413 | (ed | arhane | Hell | usda | IK |
| 23a. BURIAL, CRE/ | MATION, REMOVAL | 23b. DATE | | EMETERY OR C | | 23d. LOCATION | | OUNTY | |
| Burio | el. | 1/23/79 | Allian | ce Cemet | ery | Norma, | New J | ersey | STATI |
| | | M. Stein | | | | | 25b. REGISTR | AR'S SIGNAT | URE. |
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| 232 Car | roll St. | N.W. Wash | ingion, v. | 0. | | | | | <i>ii</i> |

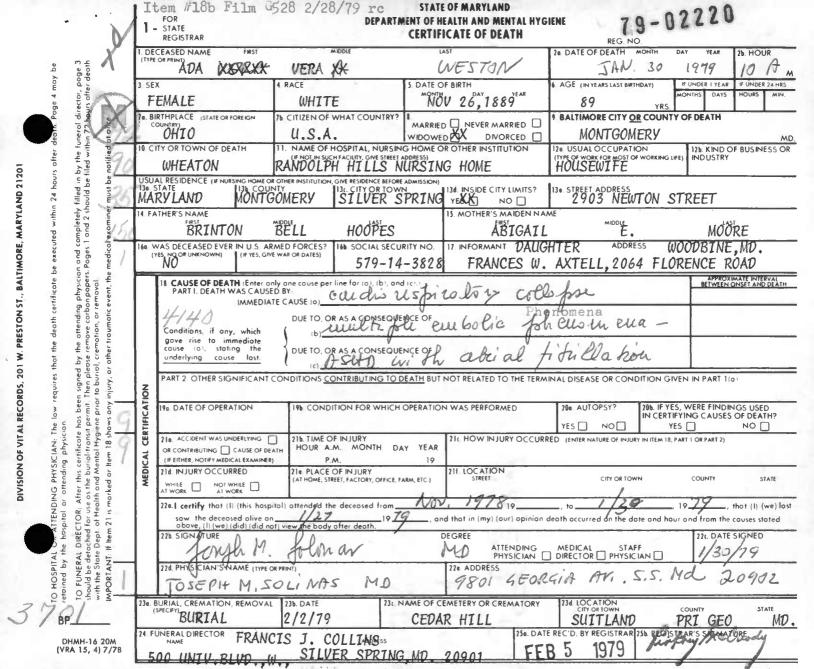
BP. DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND 79-02217 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Freeman WELCH, JR. 1979 1210A M January 3 SEX RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR VIUL Male 1926 Caucasian 52 7a. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Tennessee USA Montgomery 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda National Naval Medical Center DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 U. S. Navv USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Virginia Alexandria 3315 Southgate Drive Apt. 104 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Freeman Welch Sr. Bertha Tompkins Inn. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 268 20 9998 Mrs. Irene M. Welch See Item 13 Yes 1944-67 APPROXIMATE INTERVAL

8ET WEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY: Increased intracranial pressure IMMEDIATE CAUSE (D DUF TO OR AS A CONSEQUENCE OF Malignant melanoma Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION prior 9n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be and Mentol Hygier 71n ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that /1) (this haspital) attended the deceased from saw the deceased alive on Jan. 23 Jan. sow the deceased alive on Jan. 25 above, 1) (we) (did) (dip vol view the body after deep and that in (thy (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL TO FUNERAL D should be detact with the State D STAFF DIRECTOR PHYSICIAN Jan. 23.1979 PHYSICIAN IMPORTANT: ICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS National Naval Medical Center, Bethesda, Md. J. Stephen, Bohan, M.D. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION Burial 1/26/79 Arlington National Arlington Arlington Va. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JAN 29 1979 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Cunningham Funeral Home (VR A 15 (4)) Alexandria, Va

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13-02217
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 2015 Southwater river by. 10M
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       1944-67 268 20 9993 Wirs. Frence N. 18188 Cap item 12
                   Increased intracranial pressure
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Relaxiat K
Wetional Waval Yedical Center, Betheson, Mc.
                                          J. Stornen, Kohen, M.D.
 Arlington of total Arlington Arlington Va.
                                                           lain.E
              CurningNam Fereral More Alexandria. Va.
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DIVISION OF VITAL RECORDS,



| TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Pagettagy be retained by the hospital or attending physician. |
|---|
| TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral lirection mape 3 should be detached for use as the buriol-transit permit. Then please remave carbonpopers. Pages 1 and 2 shauld be filled within 72 hoursaiter death |
| with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. |
| IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumotic event, the medical examiner must be notified of once. |
| 111111111111111111111111111111111111111 |

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02221

| | 1 - | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0 | 0222 | | |
|---|----------------|--|-------------------------------|--|--------------|--|----------------------------|------------------|-------------------------|---------------------------------|-----|
| | | CEASED NAME FIRST | - / | MIDDLE | Ü | AST | | | DAY YEAR | 26 HOUR | ^ |
| | 17.112 | Lawrence | e Al | len | Wichm | ann | January 1 | 1, 1 | 979 | 5:27 | A |
| | 3 SEX | X | 4 RACE | | 5. DATE O | | 6. AGE IN YEARS LAST BIR | THDAY) | IF UNDER I YEAR | IF UNDER 24 HR | |
| | | Male | Whit | te | | uary 28, 1960 | 1 | 8 YRS. | MONTHS DATS | HOURS MIN | |
| - | | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CITY C | R COUNT | Y OF DEATH | | |
| 2 | | Kentucky | | S.A. | WIDOWE | DI DIVORCED | Montgo | mery | | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF I | HOSPITAL, NURSIN | G HOME O | Bethesda | 12a. USUAL OCCUPAT | | 12b. KIND C INDUSTRY | F BUSINESS | OR |
| 2 | | Bethesda | The Clin | nical Cen | ter, | NIH Md | Studen | | | hool | |
| - | USUA 13a. S | AL RESIDENCE IF NURSING HOME CONTACTE 136 COU | R OTHER INSTITUTION, | GIVE RESIDENCE BEFORE | | 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 377 | | | |
|) | Ker | ntucky Jef | ferson | Louisvil | | YESXX NO | 1010 Hatha | way A | venue | | |
| 1 | 14. FA | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAS | T. | |
| 7 | | | | Wichman | n | Mary | F. | | | . svino. | |
| 5 | 16a. W | VAS DECEASED EVER IN U.S. AI | RMED FORCES? | 16b. SOCIAL SECU | RITYNO | 17 INFORMANT Louis | sville, Ken | tucky | 40215 | | |
| 2 | | YES NO OR UNKNOWN) (IF YES, GIV | | 407-88-1 | 887 | Mrs. Mary F. | Wichmann, | 1010 | Hathawa | y Ave. | |
| | | 18 CAUSE OF DEATH (Enter o | nly one cause per | line for (o), (b), onc | dich | | | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEAT | н |
| | | PART I. DEATH WAS CAUS | TE CAUSE (a) | Sepsis w | ith sy | ystemic hemorr | chage | | 3 w | eeks | |
| | 1 | 2002 | DUE TO, OI | R AS A CONSEQUE | NCE OF | | | | | | |
| | | Conditions, if any, which | (b) | Burkitt | 's lyr | nphoma | | | 6 m | onths | |
| | | gove rise to immediate cause (a), stating the | DUE TO, OI | R AS A CONSEQUE | NCE OF | | | | | | |
| | | underlying cause lost | (c) | | | | | | | | |
| | 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERMI | INAL DISEASE OR CON | DITION GIV | VEN IN PART 1 | 01 | |
| | CERTIFICATION | | LW. CO. ID. | | 0050.47.0 | | Tan | Tank 15 VIS | C MERE EN ION | | |
| | FICA | 19a. DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | WAS PERFORMED | 20a. AUTOPSY? | IN CERTI | S, WERE FINDIN | OF DEATH? | |
| 4 | RTI | 210. ACCIDENT WAS UNDERLYING | 7 21b. TIME O | c ik tu IDV | | Tal. HOW BUILDY OCCUPA | YES NO | | ES X | NO 🗌 | _ |
| | | OR CONTRIBUTING CAUSE OF DE | | M. MONTH DA | YEAR | 21c. HOW INJURY OCCURR | ED JENTER NATURE OF INJU | RY IN ITEM 18, I | PART 1 OR PART 2) | | |
| | MEDICAL | I IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | | | 19 | AUL LOCATION | | | | | _ |
| | MEC | WHILE NOT WHILE | 21e. PLACE ((AT HOME, STR | DE INJURY REET, FACTORY, OFFICE, FA | ARM, ETC.) | 211. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | |
| | | AT WORK | | | Torrom | 20 70 | Tona oraș | 11 | 70 | 37 | |
| | 10 | 220.1 certify that (1) (this hasp saw the deceased alive or above Al) (we (did (d.)) | January | e deceased from | | $\frac{\text{Der } 28}{\text{d that in } (\cancel{X}_{y})}$ (our) opinion of | , to January | ote and ha | | thatXI) (we) lo | ost |
| | | 22b. SIGNATURE | view the body | ofter deoth. | | DEGREE | seam occurred on the d | ore and nac | 22c. DATE | | |
| | | 1/2 // | H | .1/7 | | ATTENDING | MEDICAL STA | | III. DATE | SIGNED | |
| - | | 22d. PHYSICIAN'S NAME ITYPE | DE PRINTI | // | | ÷ | DIRECTOR PHYSIC | | - 1 000 | | - |
| | | 2.1 | /1 / | rez | | Or nea | alth, Bethe | | | | |
| | 22- 0 | TOU ! | | | LAME OF C | The Clinical | Center, Na | tiona | 1 Instit | cutes | _ |
| | 230. B | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 1/13 | 1 | | | CITY OR TOWN | 1 | COUNTY | STATE | |
| | _ | INERAL DIRECTOR | | | | ille Cemeter | REC'D BY REGISTRAP | 25h REGIS | TRAP'S SIGNIAT | son Ky | 1- |
| | W. | W. Chambers | Co. S | ilver S | nro | Md 20070 AM | N 16 1979 | per | TRAR'S SIGNAT | Fready | |
| | | | 301, 0 | | L-0. | 1-20-20740 | | | | | 100 |

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

| 79-02221 | CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE |
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STATE OF MARYLAND

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Typon theeler meral name, consults, bd.

BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

| STATE OF MARYLAND | STATE | OF | MARYLAND |
|-------------------|-------|----|----------|
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02223

| 1 | REGISTRAR | | CERTIFICATE OF DE | AIII | REG. NO. | | |
|---|--|--|--------------------------------------|---------------------|---|--|---------------------------|
| | 1. DECEASED NAME (TYPE OR PRINT) Charles | MIDDLE | Wilhelm | | ATE OF DEATH MONTH | 25-06 | 639m |
| | Male | white | 5. DATE OF BIRTH | VEAR O Ko | | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| 5 | 70 BIRTHPLACE ISTATE OR FOREIGN 71 | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER M. | ARRIED BA | Manha C | OMEALA | MD. |
| Ò | Bithesda | 3-00/40-0 | NG HOME OR OTHER INSTITUTE (ADDRESS) | TUTION 12a U | USUAL OCCUPATION OF WORK FOR MOST OF WORK | | UBTOR |
| 2 | USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 1136 COUNT 14 FATHER'S NAME | OTHER INSTITUTION, GIVE RESIDENCE BEFOR Y 130. GHY OR TOW ### ### ### ### ### ################ | BURG YES X | VO [] 4 | THEET ADDRESS ROI | ADWAY | / |
| | | WILHELI | n E | MAIDEN NAME PELE | WIDDIE | GARL | TZ |
| | 160. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR INKNOWN) (IF YES, GIVE W | | PITTY NO. 17 INFORMAN | BRENCE ! | WILHELM | FROSTR. | URG Mo. |
| | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE 43 Conditions, if ony, which gove rise to immediate cause (a), starting the underlying cause last. | BY. Resair | ence of credi | arres | know her | BETWEEN 3M | y his |
|) | PART 2. OTHER SIGNIFICANT CO | 196 CONDITION FOR WHICH | | MED 20a | AUTOPSY? 20b. | IF YES, WERE FINDINGERTIFYING CAUSES YES | NGS USED |
| | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE | 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | AY YEAR 19 211 LOCATION | | NTER NATURE OF INJURY IN ITE | EM 18, PART 1 OR PART 2) COUNTY | STATE |
| | 22a.1 certify that (1) (the house of the deceased alive an above, (1) (wo idid) (1) 22b. SIGNATURE | 1-8 19 | DEGREE AT | TENDING ME | DICAL STAFF | nd hour and from the | |
| | 22d. PHYSICIAN'S NAME (TYPE OR P | t. Taube | 22. ADDRESS | | | ue Bey | thesde |
| | 230. BURIAL CREMATION, REMOVAL (SPECTY) | 23b. DATE 23c. P | NAME OF CEMETERY OR CE | EMETERY | LOCATION CITY OF TOWN | LAND, | MSTATE |
| | 24. FUNERAL DIRECTOR JURST FUNER | RAL HOME FRE | STBURG, MO | 250. DATE REC'I | 16 1979 | | Gready |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWNX7 MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Carrie Wilkerson Virginia 6 AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS 2d. HOUR 3. SEX 2c. DATE LAST BIRTHDAY PRONOUNCED 7:10p 79 Female. White. Nov. 191 6 7RS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED # DIVORCED Maryland Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12# KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Washington Adventist HospitalHome Maker. Takoma Park. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 829 Bonifant St. Silver Spring NO [Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Herbert Johnson. Carrie Edwards 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Greeffacres (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Steve Wendell Wilkerson. Son No. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE OR AS A CONSEQUENC Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO Z E DEPARTMENT C 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK Inspection L 22a. I certify that I taak charge of the remains described above, held an Autopsy TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE Homicide. Undetermined manner Notural couses MEDICAL EXAMINER (TYPE OR PRINT) BP 25g, DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M7/76

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02225

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | 0. | | |
|----|---------------|--|---|------------|--------------------------------|--|-----------------------------|------------|----------------------------------|
| | | CEASED NAME FIRST | MIDDLE | L | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| | (TYPE | Clarence | e Theodore | Will | KS | | 1/9/ | 79 | 1 AM |
| | 3. SE) | X | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | DER I YEAR | IF UNDER 24 HRS |
| | | Male | Caucasian | 12 | /189718835 | 95 | YRS. | S. DAYS | HOURS MIN |
| 1 | Ze. BI | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 | NEVER MARRIED | 9. BALTIMORE CITY O | | EATH | |
| 3 | | onnecticut | U.S.A. | WIDOWE | DXX DIVORCED | Montgomery | y County | | MD. |
| 2 | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING Carriage Hill Be | G HOME C | PR OTHER HYSTITUTION | 12a. USUAL OCCUPATION OF THE PROPERTY OF THE P | ON 12 F WORKING LIFE) IN | | EBUS NESS OR |
| 0 | | thesda | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE | | Cedar Lane | Manager | 77 67 | Mot | ors |
| 5 | Co | nnecticut Ne | W Haven Wallin | gfor | | 645 Nort | h Elm | Stre | et |
| 3- | | Walter | L. Wilks | 5 | IS MOTHER'S MAIDEN NAM | MIDDLE | Ede: | 11 LAS | ST. |
| 3 | 16a W | VAS DECEASED EVER IN U.S. AR VES. NOOR UNKNOWN) (IF YES, GIVE NO | MED FORCES? 166 SOCIAL SECUI E WAR OR DATES! 374-03-6 | | 17. INFORMANT | 502 | | | nch Rd. |
| | | NO | \$74-03-0 | 1367 | W. Samuel W | IIKS, Was | hington | | |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), and ED BY: | 3 (0.1 | 1.1 1. | 1 | - | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | 441411 a IMMEDIAT | TE CAUSE (0) | 0663 | 0/2/ 1011 | 100 | 0.00 | | |
| | | 7707 | DUE TO, OR AS A CONSEQUE | NCE OF | inaloracio | | | | |
| | ST | Conditions, if ony, which gove rise to immediate | (b) | TO YA | Delekt 10 | | | | |
| | | couse (a), stoting the underlying couse last. | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | |
| | | PART 2. OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONI | DITION GIVEN IN | PART 10 | 21 |
| | Z O | | enderal in | 501 | icur. | | | 77111 | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION | N WAS PERFORMED | 20s. AUTOPSY? | 20b. IF YES, WER | | |
| 1 | TIF | None | | | | YES NO | YES [| CAUSES | NO [|
| 9 | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | Y YEAR | 21c HOW INJURY OCCURRI | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART 1 O | R PART 2] | |
| 4 | CAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) | nin | 19 | 41 | | 100 | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TOW | N CC | YTHU | STATE |
| | ~ | AT WORK AT WORK | | - 1 | 1 | | | | |
| | | | ital) attended the deceased from | 2/2 | 19 13 | _, to Pro | . 19 | | that (we) lost |
| H | | | t) view the body ofter death. | | d that in (my) (our) opinion d | eoth occurred on the do | | | |
| | | 22h. SIGNATURE | 111 | n | ATTENDING | MEDICAL STAF | | 22c. DATE | SIGNED |
| | | -0612 I | Ambion | M | PHYSICIAN | DIRECTOR PHYSIC | IAN | 1/5 | 1/74 |
| 1 | | 224. PHYSICIAN'S NAME (TYPE O | RPRINT) | | 22e ADDRESS | a Ano | Cher 1 | 1/20 | · Mal |
| | 23n B | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | IAME OF C | EMETERY OR CREMATORY | 123d LOCATION | 11191 | arr or se | |
| | B | specify) urial | | | oriam Com | Walling | ford | Conn | ecticut |
| | | Wish at Augustana | | | Inc. Days | REC'D. BY REGISTRAR | 25b. REGISTRAR'S | SIGNAT | URE |
| | | NATIONECIOR LA. | Pumphrey Fumer | hesd | a, MD P.A.A | N J 6 1979 | , way | mal | ready |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME ALIDDI 2n DATE OF DEATH MONTH 26 HOUR 3 TYPE OR PRINTS Crnest 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER 2 HRS AGE (IN YEARS LAST BIRTHDAY) IF LINIOFR LYFAR 1894 MONTH BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED XXEVER MARRIED . Carolina USA ontanmery WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Hardware BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomen 9825 Dallas Avenue YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST (unknown) LAST (unknown In WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 579-01-1309 Emma B. Wilson-wife-(same as 13e) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY nense IMMEDIATE CAUSE (D) PRESTON Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF YITAL RECORDS, 201 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOKX YES [NO [Mental Hyg 21a, ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on December 12 , and that in (my) (arr) agains death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS should be 23a, BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial frederick Fred. Jefferson Reformed Ma 1 - 6 - 197925a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Pumphrey, DHMH-16 50M7/77 (VR A 15 (4)) 8434 Ga. Ave., S.S. Md

| Co: (3 | January 8, 1979 | malrw | 4 4 | elou. |
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02228

| 7.69 | | REGISTRAR | | CERTIFI | CATE OF DEATI | | REG. NO | 5. | | |
|------------|----------------|---|--|------------|------------------------|----------|---------------------------------|------------------|-----------------|----------------------------------|
| | | CEASED NAME FIRST | MIDDLE | LAS | 1 | 100 | 20 DATE OF DEATH | MONTH DA | AY YEAR | 2b. HOUR |
| | (TYPE | Bud | Douglas | U | lines | | | 1-1 | 4-79 | 3:00 M |
| | 3. SE | X | 4 RACE | 5. DATE OF | | | 6. AGE (IN YEARS LAST BIRT | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| 1 | | Male | White | May | 7 19 0 | AR)2 | 76 | YRS. | ONTHS DAYS | HOURS MIN |
| ėn. | | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | ☐ NEVER MARRIE | ъ П | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | |
| Con | | irginia | USA | WIDOWED | | | Montgom | ery | | MD. |
| pa | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | | OTHER INSTITUTIO | N | 120. USUAL OCCUPATE | | | F BUSINESS OR |
| 1/2 | | | (IF NOT IN SUCH FACILITY, GIVE STREET A Washington Adv | renti | st Hospi | .tal | Plumber | F WORKING LIFE) | INDUSTRY | ALC: U.S. |
| and see be | USU. 13a. S | AL RESIDENCE LIF NURSING HOME OF STATE 136. COUN | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR JOWN WAShing | -4-00 | 3d. INSIDE CITY LIM | _ | 13. STREET ADDRESS 6327 Fost | er St | reet, | S.E. |
| nine // | 14. F/ | ATHER'S NAME | MIDDLE LAST | | 5. MOTHER'S MAID | | | | 145 | |
| To lead | | John | Wines | | Eli | zab | eth | F1 | Letche | r |
| ico / | | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECUR | RITY NO. | 17. INFORMANT F | Rt. | 2, Box AD2 84 | ₱, Be | ealeto | n, Va. |
| a de | L' | No No | 579-18-8 | 3807 | Ethel je | enni | ngs, Dau | ghter | | |
| t, the | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | nly ane cause per line for (a), (b), and | | - ' | | | 934 | | MATE INTERVAL ONSET AND DEATH |
| even | | | TE CAUSE (0) Archicho | Pehil | Carcinoma | L | 1920 | | 4 | menths |
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| E C | 100 | Conditions, if ony, which | ((b) | | | | | | | |
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| othe | | underlying cause last | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | |
| ō | | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO D | FATH BUT N | OT RELATED TO TH | E TERMI | NAI DISEASE OR CONI | DITION GIVE | N IN PART 10 | 21 |
| Colu | NO O | | | | | | | | | |
| ony | A | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION | WAS PERFORMED | | 200. AUTOPSY? | | WERE FINDIN | |
| 509 | CERTIFICATION | | | | | | YES NO | YES | ING CAUSES | NO [|
| 8 0 | CER | 218. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | VEAD | 21c. HOW INJURY | OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PA | RT 1 OR PART 2) | |
| E / | ¥. | OR CONTRIBUTING CAUSE OF DEA | | 19 | | | | | | |
| or the | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211. LOCATION | | | | | |
| pe | X | WHILE NOT WHILE TO | (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) | STREET | | CITY OR TOW | /N | COUNTY | STATE |
| TO E | | | ital) attended the deceased from_ | 12 | -4 10 | 78 | 1-1 | 14 | 0 75 | that (1) (we) last |
| 2 | | | 1-13 19 | 75 , and | that in (my) (our) a | pinion d | eath accurred on the do | ate and hour | | , , , , |
| E | | obove, (I) (we) (did) (did no | t) view the body ofter death. | . , | EGREE | | | | 22c. DATE | |
| ± | | 10:- Ch | (101, 157 | | ATTENE | | MEDICAL STAF | | 1- | 11.70 |
| <u> </u> | 54 | 22d. PHYSICIAN'S NAME (TYPE O | r of condition | | PHYSIC 22e. ADDRESS | IAN L | DIRECTOR PHYSIC | IAN [] | (| 11 // |
| IMPORTAN! | | Lai-Yin Yerns | h2. | FT | . 0 | nest | d #460 kg | 1 attrill | le, 40 20 | 782 |
| \$ | | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | NAME OF CE | METERY OR CREMA | TORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| | | Burial | | | coln Cer | n. | Brentwo | | | |
| 7 | 24. F | UNERAL DIRECTOR Robt | E Wilhelm 430 | - | | So. DATE | REC'D. BY REGISTRAR | 25b. REGISTR | RAR'S SIGNAT | URE |
| | E | Funeral Home | Rd., Suitla | and, | Md. | JA | W 19 19/9 | perg | ray / Me | resoly |

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

STATE OF MARYLAND 79-02229 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 1105 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Female white 1899 reb. TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? Carolina MARRIED NEVER MARRIED USA WIDOWEDXX Montgomery DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION eq 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WOR HOUSEWITE INDUSTRY Silver Spring own home Bel-Pre Nursing Home XXXXXXXXXX JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montgomery Sil. Springyes 725 Gist Avenue, 13d INSIDE CITY LIMITS? Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cleveland Teague Sherrill Martha 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 808 Richmond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) (IF YES CIVE WAR OR DATES) 578-05-1937 Margaret Kane-daughter-Ave., S.S. Md. 18 CAUSE OF DEATH (Enter only one cause per line tor (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ath underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from. saw the deceased plive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS William D. Aud, MD 9006 Colesville Road, S.S. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION REMOVAL 236. DATE (SPECIFY) Burial 25,79 George Washington Adelphi Pr. Georges Md. an. Warner Pumphrey, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Inc DHMH - 16 60M 7/73 (VR A 15 (4)) 8434 Ga. Ave., S.S. Md

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BALTIMORE, MARYLAND 21201

201 W. PRESTON ST.

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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232 Carrall Street N. W. Washington, D. C.

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (41)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02232

IF UNGER 1 YEAR

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

U.S. GOVT.

Hurowitz

YES [

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carban papers. Pages I and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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be 4 may

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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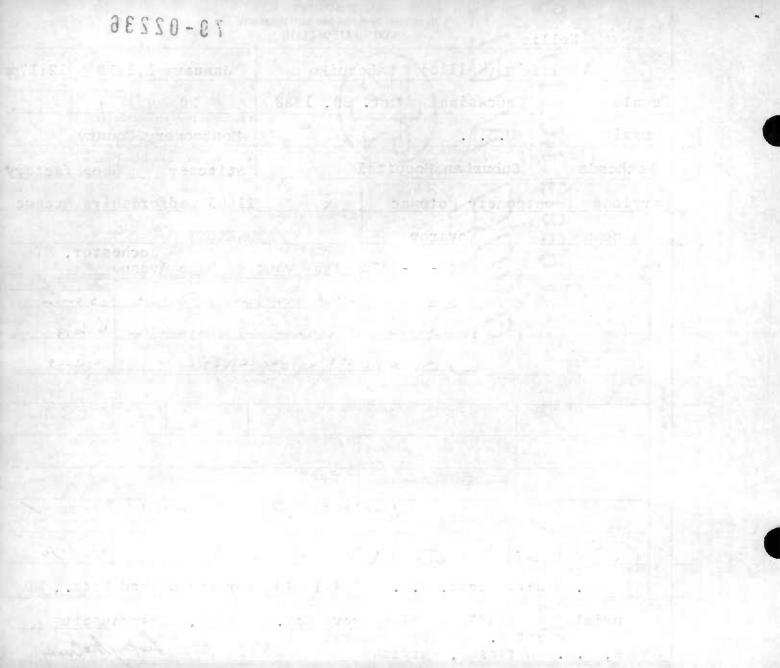
| | 1. | REGISTRAR | | CERTIFICATE | OF DEATH | REG. N | · 79-0 | 2233 |
|---|---------------|---|-----------------------------|------------------------|------------------------|---------------------------|--|--|
| | | CEASED NAME FIRST | MIDDLE | LAST | | 26. DATE OF DEATH | MONTH DAY Y | EAR 2b. HOUR |
| | , | WINDO | M H. | Youn | G | | 1-15- | 19 9A M |
| | 3. SE | MAIR. | RACE Black | 5. DATE OF BIRTH | DAY H YEAR GO | 6 AGE (IN YEARS LAST BIR | MONTHS | DAYS HOURS MIN |
| ف . | 7a B | | 76. CITIZEN OF WHAT CO | UNTRY? 8. | 11,10.10 | 9 BALTIMORE CITY C | YRS. PR COUNTY OF DEA | тн |
| 36 | | OUNTRY) Md. | 4.5, A | MARRIED LIN | DIVORCED | mon | TGom8 | ERV MD. |
| Sofified | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME OR OTHE | RINSTITUTION | TYPE OF WORK FOR MOST C | | IND OF BUSINESS OR |
| must be | ₹3a, S | AL RESIDENCE (IF NURSING HOME OR 13b, COUN | | ORTOWN , 13d IN | _ NO _ | 13e. STREET ADDRESS | yebec - | Terrace |
| Xomine 1 | 14. FA | ATHER'S NAME FIRST HILAY | HODLE YOUNG | AST 15. MC | THER'S MAIDEN NAM | FOREIT | nAN | LAST |
| medico | 16a. V | VAS DECEASED EVER IN U.S. ARAYES, NOOR UNKNOWN) (IF YES, GIVE | MED FORCES? 166. SOON | 03-8524 F/ | ormant ovence Sti | 11 2405 11 5/1/e | Euttons wil | le Rd. |
| t, the | | 18 CAUSE OF DEATH (Enter onl | | i, (b), ond (c),) | | | BET | IPPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| even | | PART I. DEATH WAS CAUSED | CAUSE (o) | M/H | | | 12 | WEEKS |
| DitoF | | 4409 | DUE TO, OR AS A CO | NSEQUENCE OF | 71 110 | SCULAR | DICERC | - |
| frou | | Conditions, if any, which gave rise to immediate | (p) WC/B | | IC VIII | SCULIK | VISENS | |
| ather | | couse (a), stating the underlying couse lost. | DUE TO, OR AS A CO | NSEQUENCE OF | | | | |
| y, or | | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTI | NG TO DEATH BUT NOT RE | LATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN IN PA | ART 1(o) |
| injur | NO. | | | | | | | |
| Aus one | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR | WHICH OPERATION WAS | PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE F IN CERTIFYING CA YES | |
| m 18 sh | | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | TH DAY YEAR | OW INJURY OCCURRI | ED (ENTER NATURE OF INJUI | | |
| or Item | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e PLACE OF INJURY | | OCATION | | | |
| marked | W | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY | , OFFICE, FARM, ETC.) | STREET | CITY OR TO | AN CON. | TY STATE |
| il is me | | 220.1 certify that (I) (the heapt saw the deceased alive on. | 14 JAN | _19 79 ond that | n (my) (opinion d | eoth occurred on the d | ote and hour and fro | m the couses stated |
| tem 2 | | obove, (I) (we) (did) (did not | view the body after deat | DEGREE | | | | DATE SIGNED |
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| MPORTANT: # #e | | 22d. PHYSICIAN'S NAME (TYPE OR | G0024 | Mn 23 | DDRESS 309 SHOREF | EN PO U | UHEATON | UM I |
| ₹ | | BURIAL, CREMATION, REMOVAL SPECIFY BURIAL | 1-19-79 | ASh Mem | Cem. | 23d. LOCATION STY OR TOWN | Spying COUNTY | Monta Md |
| 77 | 1/1 | UNERAL DIRECTOR | , 246 Não | WASh. ST | | REC'D. BY REGISTRAR | | GNATURE SECTION |
| | Q. | eorge Indivate | KOCKV | 111e Md. Z. | 0850 | C 161 HH HH | / | |

DHMH - 16 50M 7/77 (VR A 15 (4))

| 39 | 76 | | 1- | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 79-022 | 3 4 |
|---|---|--------------|---------------|--|----------------------------|-------------------------|-------------|---|---|---|
| | | | I. DE | CEASED NAME FIRST | | MIDDLE | 1 | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| y be | ge 3 | | | Joh | in C | . K. | 44 | M.D. | 1/10/ | 79 603 M |
| 8 | 312/1 | | 3. SE. | X | 4. RACE | | 5. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Poge 4 | of the last | | | MALE | ORIENT | | | CH 18 1924 | 54 YRS. | |
| | 72 ho | OC | 70 BI | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | |
| deoth. | hin 7 | 0 | | HINA | U.S. | | WIDOWE | | montgome | |
| offer | by the filled wit | 70 | B | ethesd A | Su C | CHEACILITY, GIVE STREET | ADDRESS) | DR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L GEN.SURGEON | IFE) 124 KIND OF BUSINESS OR INDUSTRYPRIVATE U.S. GOVT. |
| MARYLAND 2120 | | ST De | USU. | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | OR OTHER INSTITUTION | 13c. CITY OR TOW | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | |
| AND n 24 | y filled should b | Snw & | | | GOMERY | POTOMAC | | YES NO X | 10721 STANMORE | DRIVE |
| KYL Withi | d 2 | our lo | 14. FA | THER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAV | WE | LAST |
| . 4- | mo Z | N N | | | S. | YU | | GRACE | | CHEN |
| BALTIMORE, | and c | medico | () | VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (1F YES, GI | VE WAR OR DATES) | | | 17. INFORMANT | ADDRESS | |
| T. Pe | 0 % | 0 | Y | ES Una | vailab: | 1e218-34-5 | 5049 | HELEN S. YU | (SAME AS 13e) | |
| V ST., BAL | hysici poper ovol. | /ent, ra | | 18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS | nly one couse pe ED BY: | | 4 - | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| RES e de | move notio | 100 | | Conditions, if ony, which gove rise to immediate | (b)_ | | VN | KNOWN | CAPOSI | |
| ¥ + | y th se re- | iner iner | | couse (a), stating the underlying couse lost. | DUE TO, C | OR AS A CONSEQUE | NCE OF | | | |
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| | sign hen to bu | olory | Z | SUP. MESS | FTERIC | APTE | ou ~ | THRAMBASIS | ENECROTIC | BOWET |
| Ö ¾ | beer mit. | | ATE | 190 DATE OF OPERATION | 196 COND | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g. AUTOPSAY? 20b. IF YE | S, WERE FINDINGS USED |
| t RE | hos ene | SWO / | CERTIFICATION | 1-8-79 | WIR | PA-ABD. | BLE | PING | | FYING CAUSES OF DEATH? |
| N. T. | ronsi | S / | CER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME | | | | RED (ENTER NATURE OF INJURY IN ITEM 18, | PART 1 OR PART 2) |
| OF ICIA | is certificate burial-transi Mental Hyg | | CAL | OR CONTRIBUTING CAUSE OF DE | AIR | .M. | 19 | | | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required physicion. | - | ō | MEDICAL | 21d. INJURY OCCURRED | | OF INJURY | ARM. ETC.) | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DIVIS PNG PNG PNG PNG PNG PNG PNG PNG PNG PNG | fter as the | orked | 2 | AT WORK AT WORK | | | , , , , | | The base of the second | 20 |
| | R: A | S S | | 220.1 certify that (1) (this has | | he deceased from _ | 1- | 1974 | _, to | , 19, that (I) (we) lost |
| R ATTEND | of for | 7 . | | sow the deceased alive a above, (1) (we) (did) (did n | ot) view the body | y ofter death. | | | death occurred on the date and ho | |
| e O. A. | A 11 0 | ± ±e | | 22b. SIGNATURE | -12 | | M- | DEGREE ATTENDING (| MEDICAL STAFF | 22C. DATE SIGNED |
| ITAL | RAL det stote | <u> </u> | | 22d. PHYSICIAN'S NAME (TYPE | uce | | 1 10- | 22e. ADDRESS | DIRECTOR PHYSICIAN | 11/1-19 |
| HOSP | TO FUNERAL should be det with the State | OR J | | 1 R A | MIL | 150 1 | 2 | 8218 W | ISCON SINI | AVE BETKESDA |
| 1000 | Sho Sh | ₹ | 23a. I | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23c. N | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | |
| COUSE | P | | (| BURIAL | 1-12- | -79 PO! | TOMAC | U.M. CHURCH CH | | COUNTY STATE NTGOMERY MD. |
| | 16 50M 7/77 | , | 24. F | UNERAL DIRECTOR | | ADDRESS | R | | E REGD. BYREGISTRAR 256 REGIS | |
| | A 15 (4)) | | RC | BERT A. PUMPHR | EY FUNE | | | MD. | | |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02236 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Anastasia (Nellie) Zahoruiko January 1,1979 12:17pm 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX Oct. 29° 1888 Female Caucasian 90 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Russia Montgomery County WIDOWED DIVORCED [IR CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Suburban Hospital Bethesda Stitcher Shoe tactory USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131 COUNTY 131 CITY OR TOWN 13e. STREET ADDRESS 11605 Bedfordshire Avenue Marvland Montgomer Potomac 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unknown Navarov UNKNOWN ADDRESS Rochester, NY 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 014-10-5372 Olga Evans 40 Dake Avenue NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUILNOT RELATED 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 22a | certify that (1) (this hospital) attended the deceased from November 19 sow the deceased olive on Tanuary 119 79 , and that in (my) (application death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (dust not) view the body after dec 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHTSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS G. Stuart Scott, M.D. .0401 Old Georgetown Road Beth., MD 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION Burial Pine Grove Cem. Massachusetts Lynn. 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE DHMH - 16 50M 1/76 JAN 2 (VR A 15 (4)) Homes. P.A. Bethesda, Maryland



STATE OF MARYLAND

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